

CITY OF DURBAN



Annual Report

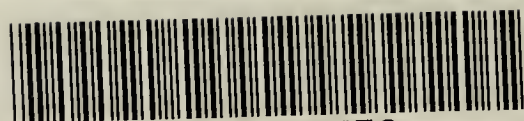
OF THE

CITY MEDICAL OFFICER OF HEALTH

YEAR ENDED 31 DECEMBER, 1979.

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METEOROLOGICAL DATA

1979	24 hours Shade Temperature (0°C)			Relative Humidity			Barometer Readings (millibars)			Rainfall		Sunlight
Month	Max.	Min.	Mean	Max.	Min.	Hourly Aver.	Max.	Min.	Mean	mm	No of days on which rain fell	Average hours sunshine per day
Jan.	35,3	16,3	25,8	78	28	68	1 028,5	1 000,9	1 014,7	81,2	8	5,92
Feb.	33,5	18,8	26,15	83	44	71	1 021,7	1 000,3	1 011,0	34,6	11	7,59
Mar.	30,8	15,9	23,35	79	42	68	1 023,2	1 000,7	1 011,95	80,2	12	6,90
Apr.	31,2	13,9	22,55	80	44	69	1 025,7	1 008,4	1 017,05	31,7	7	6,61
May	33,6	11,4	22,50	73	28	62	1 032,2	1 003,9	1 018,05	22,0	9	6,75
June	35,7	5,7	20,70	67	14	53	1 039,5	997,1	1 018,30	2,7	2	7,82
July	26,8	7,0	16,90	69	24	57	1 040,9	1 006,7	1 023,80	126,5	7	6,79
Aug.	32,5	9,5	21,0	77	29	69	1 030,4	1 002,0	1 016,20	62,4	7	5,21
Sept.	31,6	8,2	19,9	73	34	65	1 034,6	998,8	1 016,70	60,0	13	5,52
Oct.	32,2	12,5	22,35	77	30	70	1 025,8	1 001,4	1 013,60	87,6	14	5,05
Nov.	28,8	12,0	20,40	75	46	68	1 026,1	1 002,2	1 014,15	66,2	12	6,65
Dec.	31,7	16,0	23,85	78	42	70	1 023,1	1 011,5	1 017,30	98,7	14	5,96
Total for the year 1979										753,8	116	6,40 daily average for year

ANNUAL REPORT 1979

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City Health Department
9 Old Fort Place
DURBAN
4001

To

THE DIRECTOR GENERAL FOR HEALTH, SOCIAL WELFARE AND PENSIONS

and

HER WORSHIP THE MAYOR AND COUNCILLORS OF THE CITY OF DURBAN

Ladies and Gentlemen

I have pleasure in presenting, in terms of Section 23 of the Health Act No. 63 of 1977 the 77th Annual Report on the public health of the City of Durban with which is included an account of most of the activities of the City Health Department during the calendar year 1979. Once again there has been a long delay in issuing the Annual report, but with a shortage of staff and an ever increasing pressure of work this has been unavoidable.

The population of the City is estimated at 770 006. Public health conditions remain at a satisfactory level and there were no cases of the so called formidable diseases. An overall increase in notifiable medical conditions arose from the inclusion of certain new diseases. Health education in all forms generally played no small part in the Department's activities as much effort was put into Health Year, aimed at bringing the attention of the public to matters of disease prevention and individual self help. A summary of these activities appears later in the main body of the Report under General whilst details can be found under the Chapter on Health Education.

The birth rate for all community groups has continued to decrease, a feature that has been apparent since 1974. Illegitimate births have disconcertingly, again increased. A lower rate for still births is demonstrated being most marked in the White and Coloured communities. The death rate for all communities showed a small decrease. With the exception of Blacks, diseases of circulatory system ranked as the major cause of death and in the case of Blacks certain causes of peri-natal morbidity and mortality ranked first with diseases of the circulatory system second.

The infant mortality rate, that is to say the deaths under one year of age but excluding stillbirths based on the rate per 1 000 live births,

continued to decline although here an increased rate for Blacks was recorded. That this may well be due to a lack of birth registration but almost complete registration of deaths (for burial purposes) cannot be ignored.

Following certification by the Global Commission for Smallpox eradication, smallpox vaccination no longer remains compulsory in South Africa. On the other hand viral haemorrhagic diseases continued to pose a threat with cases of Yellow Fever occurring not only in South America, but as close as Nigeria, The Gambia and Ghana. Dengue Fever, including the haemorrhagic type occurred in the Far East and Western Pacific areas whilst Ebolo Fever was reported in the Southern Sudan. Congo Crimean Fever occurred in the Middle East. Continued surveillance is mandatory in this City where Aedes mosquitoes and a variety of ticks can be found.

With the world wide increase in cholera, epidemics of which occurred in 18 African countries as close as Mozambique, Zambia and Tanzania as well as in Spain and Italy it is remarkable that this City had no cases, being the busiest port in South Africa and lying in so vulnerable a position.

Sewage surveillance on a programmed basis was instituted in Durban whilst the on going check of filter feeding shell fish was maintained. The uncontrolled harvesting of these in the vicinity of so large a metropolitan city as Durban as well as near river mouths of populated areas can only cause concern and fears of the possibilities in the event of an epidemic such as occurred in Spain and Sardinia.

The incidence of plague elsewhere in Africa emphasized the paramount importance of rodent control in this high risk sub-tropical sea port.

Malaria too increased on a global scale and the vulnerability of Durban with malaria vector larvae being fairly constantly found led to a close watch being kept on the situation at all times.

A new list of notifiable medical conditions replaced the old, notable inclusions being measles, primary carcinoma of lung; bronchus and pleura although the omission of encephalitis and ophthalmia neonatorum and puerperal sepsis was regretted.

Only one case of diphtheria occurred and none of poliomyelitis (for the second successive year). Lead poisoning was notified on one occasion only and presented as a typical case of pica.

There were no local cases of malaria although 44 imported and ex-city cases were diagnosed, mostly amongst travellers to the North of the Republic.

Rabies occurred in a dog in Durban (Lamontville) and as a consequence the State Veterinarian with the assistance of this Department instituted a campaign to inoculate cats and dogs in the City.

Typhoid fever accounted for 18 notifications and each case was carefully investigated; viral hepatitis continued at a fairly high level, there being 189 cases.

Pulmonary Tuberculosis appeared to increase slightly but this must be viewed in the context of case finding, health education and general co-operation of the public and especially large employers of labour. That this disease, with new treatment regimes, better housing and public co-operation will gradually be controlled in the City can be regarded as a possibility, so long despaired of by workers in the field. Its eradication however, still remains but a dream. A detailed analysis of the disease in the City appears in the body of the report.

In common with the situation world wide, sexually transmitted diseases have shown a definite increase with gonorrhoea cases doubling in numbers. Fortunately penicillin resistant gonococci have yet to be demonstrated here.

Progress in Family Health continued at a high level enjoying much public support. Two new clinics were opened during the year bringing the total to 43 venues throughout the City whilst one clinic was replaced by purpose designed premises paid for by the Port Natal Regional Board. Attendances at these clinics totalled well over a quarter of a million, a relative reduction being noted and associated no doubt with diminishing numbers of births and by no means unimportant, a shortage of staff. Home visiting, so important in maintaining contact with families and introducing preventive health services and a philosophy of good health to citizens increased slightly to reach a total of some 53 000, of which approximately 25% were undertaken in connection with new births.

Immunisation, a vital measure in the control of infectious diseases remained at a most satisfactory level. Apart from the clinics, schools were visited as well as registered creches, pre-primary schools, children's homes and the like. Apart from poliomyelitis, diphtheria, whooping cough, tetanus and measles immunisation in various combinations, protection against rubella too were all offered free. Although the figures for measles immunisation, 12,726 appear low, this can be accounted for because the Department has been offering this service since 1972. In addition to typhoid immunisation of exposed persons in outlying areas and cholera immunisation of sewer and sewage treatment plant workers were undertaken.

Certain departmental clinics were made available to the State Health Department free of charge and this assisted in a closer liaison and improved psychiatric aftercare services.

Practical student training in the Family Health Section for students ranging from medical and nursing through pharmacy to a variety of paramedicals was provided.

Family planning enjoyed one of the highest priorities in the Department and the work ranged from the training of family planning advisers through field, clinic and hospital motivation and place of employment (mainly factories) motivation to surveys and symposia to clinic services. By no means omitted was sterilization with arranged bookings at Provincial and State Hospitals who offered the service free. It is of interest to note that the percentage of fertile women (15 - 44 years) covered increased over the last two years and attendances at family planning clinics showed a slight increase overall. An aspect also of interest is that a departmental medical officer visited over 200 factories and other places of employment having suitable facilities for the insertion of I.U.D.'s, in addition of course to the prescribing of the medical contraceptive measures. A very full account of this service appears in the text of the report and those interested are invited to study the details in the body of the report.

Community liaison, a section whose philosophy is based on finding the needs of a community, crystallizing them and then involving the community in meeting them from their own resources continued to be an uphill task due to a shortage of staff. None the less, steady progress in projects already begun continued whilst new projects were started.

No case work at all is performed as this would detract considerably from the time available. Numerous youth groups, women's circles and care groups for the aged were established, an unexpectedly high number remaining viable and in isolated cases, actually helping in the formation of similar groups in other parts of the city.

Environmental hygiene and general health inspectional work, the backbone of public health continued at a high standard despite staff shortages. Some 3 000 complaints covering nearly every conceivable type of nuisance received prompt attention.

Obviously in a City the size of Durban the range of activities undertaken by this section will continue not only to increase but also to become more complex, ranging from oil refineries through a gamut of industries to an enormous number of foodhandling concerns. However, it is pleasing indeed to record that a high degree of co-operation was received from both business establishments and private individuals. In all prosecution was resorted to in only 289 of which one was unsuccessful.

Early in the year new bylaws to regulate scheduled trades and occupations were introduced, the aim being to control many activities which did not quite qualify as offensive trades or like food manufacturing, required special attention. The trades involved, numbering 62 ranged from welding and spray painting through the manufacture of food stuffs and upholstering to shipbuilding and engineering works and funeral parlours. These are the first such bylaws to be introduced in South Africa.

In July the responsibility for the re-inspection of meat imported from other areas was transferred to this Department in terms of an order inserted under Animal Slaughter, Meat and Animal Products Hygiene Act. For purposes of practical application 14 firms' premises were approved and random sampling was commenced.

The more mundane duties of meat inspection of approved premises were offset by other aspects of food hygiene, so important in this subtropical climate. Only 4 circumstances of food poisoning were reported, one of which, involving 10 persons, interestingly was from the consumption of wild mushrooms of a toxic species.

Particular attention was paid to personal hygiene of handlers, food sampling both bacteriological and in terms of the Foods Cosmetics and Disinfectants Act, Agar sausage testing of cooking and eating utensils as well as the sampling of filter feeding bivalves along the coast for evidence of faecal contamination. In the event some 20% of the latter were found to be so contaminated and efforts were again made for the closure of the beaches for this purpose by the Provincial Administration but without success.

Public gatherings which increase in size and number each year are monitored for proper preparation and distribution of food stuffs. Illegal hawking of foodstuffs however continued to plague the City despite the seizure and condemnation of large quantities of obviously contaminated foodstuffs. The assistance of the City Police was much appreciated in these efforts to eradicate a most hazardous state of affairs.

Pest control and especially anti malarial measures were maintained at a high level as the vectors of Dengue Fever, Yellow Fever and of course Malaria can be found in the City. Particular vigilance was directed to Anopheles control as malaria can so easily be introduced into the City. Methods employed included intensive spotting, drainage, biological control and larvicidal spraying. In the control of rodents close liaison was maintained with the Harbour Authorities. Insecticidal treatment of street drains and sewer manholes, especially in the City centre and Port area continued in an endeavour to control cockroaches to some extent. A continual check is made for insecticide resistance. Domestic Pest Control Officers continued to be examined departmentally for their knowledge of insecticides and their dangers as a prerequisite to obtaining a licence.

Although the number of milk suppliers decreased (397 to 381) during the year the quantity increased by 7 000ℓ per day to an average of 390 000ℓ per day; of the total intake just over half was sold within the City, either as fresh milk or in product form so demonstrating that Durban exercises control over a great deal of milk consumed in other local authority areas. All milk introduced into Durban is heat treated by pasteurisation, ultra high temperature or sterilization.

In so far as health education was concerned it is most gratifying to record that a full complement of staff was maintained (31) so that 'Health Year' could receive proper attention and the activities of this section are fully set out in the chapter devoted to the subject.

The nett cost per capita of population of running the Department rose from R3,80 to R4,13. On the other hand the staff complement again fell this year by 6% from 726 to 680.

Slum clearance was restricted due to the lack of houses for resettlement, although the situation in the provision of housing for the Indian community improved considerably during the year. However it cannot be anticipated that the backlog in housing for this group will be met for many a year to come. White accommodation was in fair supply, some difficulty being encountered in flatted accommodation. Coloured housing continued to improve, although a backlog remained.

Progress in matters of civil defence and security were not outstanding.

Monitoring of Durban's Bathing Beach waters under the direction of a Steering Committee with the actual work performed by the National Institute for Water Research (Division of the C.S.I.R.) revealed that they appeared to be bacteriologically sound as measured by, perhaps, the most stringent routine microbiological system in existence.

The working party re municipal health services of the Durban Metropolitan area dealt with the Health Act 1977, clinic facilities and their co-ordinate as well as possible uniform bylaws.

My thanks are due to the Mayor and City Councillors for their support in matters of public health and particularly to the members of the Health and Housing Committee for their active assistance and encouragement at all times. The contribution to Health Year programmes that was made deserves especial mention.

The State Health Department, both local and Head Office have played no little part in contributing to the public health of Durban by their readiness to discuss and resolve problems and this cordial relationship is indeed valued.

In conclusion it is with pride that I pay a special tribute to each and every member of the staff of the City Health Department for their loyalty and team spirit matched only by the consistently high standard of their work.

Durban's Press have always proved most interested in the City's health problems and together with S.A. Broadcasting Corporation have acted as a means of communication between the Citizens of Durban and this Department which is much treasured and is of inestimable value when matters of public health concern are at stake. My sincere thanks are recorded for their unstinted co-operation and studied circumspection.

The helpfulness afforded me, not only by other Municipal Departments but also State Departments is acknowledged with appreciation.

Yours faithfully,

C. R. Mackenzie
M.B., B.Ch., D.P.H.,
D.T.M. & H. (RAND)
F.I.P.H. Life (S.A.), F.R.S.H.
Hon. Senior Lecturer : Department of
Community Medicine, Medical School,
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CITY MEDICAL OFFICER OF HEALTH

I. HISTORICAL AND GEOGRAPHICAL

(a) Historical

The Portuguese explorer Vasco da Gama sighted the shores of what is now known as the City of Durban on Christmas Day, 1497. Three days later he landed and named the area "Natal". Over the next hundred years survivors from shipwrecks, transformed the area into a thriving little trading post, known as "Port Natal".

But it was not until 1698 that Simon van der Stel sent men aboard the ship "Noord" to explore the potential of Port Natal. Another century was to pass before in 1824 the first permanent White settlement was established at Port Natal. In the same year Lieutenant Francis Farewell took formal possession of the harbour and its environs from Shaka, the Zulu king.

Twenty years were to pass, however, before the health department was established to cope with public health problems of environmental sanitation and the prevention of disease, and it was thus in 1874 that Durban's first Medical Officer of Health, Dr. Julius Schulz, was appointed.

In 1897 an epidemic of dengue fever occurred in Durban, and this led to the passing of the Natal Public Health Act in 1901. A year later in 1902, plague broke out and this epidemic lasted a year. The mortality was extremely high, with 124 deaths out of a total of the 174 cases notified.

Notwithstanding the South African Act of 1909 which led to the Union of the four colonies, very little was done thereby to overall improve public health administration and legislation, except to confirm generally that this was the responsibility of the individual local authorities. The Public Health Bylaws of Durban were initially promulgated in 1911, but there still remained grey areas as to the responsibility of local authorities regarding health matters. The great influenza pandemic in 1918 when thousands of deaths occurred, highlighted the weaknesses in the legislative machinery and the need for uniform health legislation. A direct result was the Public Health Act No. 36 of 1919 which for nearly 50 years proved its value in safe guarding health and consolidating health legislation on a national basis.

In 1928 Durban promulgated its own Milk Bylaws to achieve and ensure an improved standard of milk supplies, followed by the appointment of a veterinary Officer within the department some three years later.

Until 1932, the municipal area comprised 3 372 ha, which during that year was enlarged to some 18 160 ha, when a number of suburbs adjoining the boundaries were incorporated. Overnight this raised the population from 125 100 to 215 661. Fairly large areas of this new acquisition lacked proper drainage and water supply, whilst the use of rainwater tanks and primitive sanitary accommodation added to Durban's potential health hazards.

By 1935 Durban was the third most densely populated town in South Africa, and in that year the status of Durban was raised to that of a City.

Throughout Durban's history, malaria has posed a grave health hazard, and although intensive control measures have been effective since 1940, the resurgence in recent years of the insect vector of this disease within the City has posed a very real threat to this busy seaport. Constant vigilance has therefore been the keynote.

Between 1943 and 1945 an outbreak of smallpox in the city resulted in 101 deaths out of a total of 413 cases. In 1944 an epidemic of diphtheria occurred, with a total of 599 cases being notified. There were also several cases of typhus during the same year.

During the post World War II years, there were two separate epidemics of poliomyelitis, the first covering the period 1945 - 1949 when there were 275 notifications and 28 deaths, and the second from 1954 to 1958, when there were 429 cases.

However, in direct contrast to the earlier prevalence of plague, malaria, typhoid, dysentery, enteritis, and other diseases, both residents and visitors can now confidently enjoy life in Durban knowing that high standards of public health are provided.

The health department has been continually re-orientated to meet changing needs and today possesses a well balanced environmental and personal health service able to cope with the public health and community problems of a rapidly expanding highly industrialised harbour city and holiday resort.

(b) Geography

The City is situated on the south eastern seaboard of the African continent at longitude 31° east and latitude 29° south, and so enjoys a sub-tropical climate throughout the year, attracting many thousands of tourists from South Africa and abroad.

Once again the City has proved to be the busiest port of South Africa and ranks among the major seaports in the southern hemisphere.

Details of temperature and other meteorological data are set out in the accompanying table.

(c) General Layout

The foreshore area extends from the harbour entrance in the south to the Umgeni River mouth in the north and provides excellent beaches.

Many amenities strategically sited near the foreshore area exist and include an aquarium, dolphinarium, snake park, amusement park and like entertainment facilities.

Other recreational facilities such as swimming baths, parks and playing fields are suitably distributed throughout the City.

Commercial, industrial and residential areas are well defined and separate from each other.

The principal residential areas are located on the Bluff and Woodlands/Montclair to the south, on the Berea along the western ridge and in the northern suburbs of Durban North, Glenashley and Glen Anil. The major industries are situated due north of the natural harbour in the south.

(d) Municipal Data

Area: 30 065 hectares

No areas were incorporated or excised from the City during the year under review.

Valuation: R1 562 392 860 (Land)
(R1 557 866 260)
R1 790 509 480 (Buildings)
(R1 736 465 030)

Rates: (Excluding water rate)

(a) Code 1 (Residential property - dwellings, maisonettes, etc.)

Land 1,98 cents in the Rand
Building 1,98 cents in the Rand
(less 10% rebate of rates levied)

- (b) Code 2 (Residential property - flats, boarding houses, private hotels etc.)

Land 1,98 cents in the Rand
Building 1,98 cents in the Rand
(Less 5% rebate of rates levied)

- (c) Code 3 (Other than residential property)

Land 4,620 cents in the Rand
Building 0,385 cents in the Rand

II. VITAL STATISTICS

Population (Estimated)

White	226 652	(29,44%)
Coloured	56 697	(7,36%)
Black	102 523	(13,31%)
Indian	384 134	(49,89%)
Total	770 006	(100%)

There are no significant changes compared with the previous year.

1979 Births

Race	Male	Female	Total	1978
<u>Legitimate</u>				
White	1 059	1 106	2 165	2 253
Coloured	429	448	877	915
Black	301	301	602	678
Indian	4 282	4 270	8 552	8 487
Total	6 071	6 125	12 196	12 333
<u>Illegitimate</u>				
White	99	86	185	152
Coloured	300	285	585	544
Black	862	869	1 731	1 786
Indian	260	254	514	405
Total	1 521	1 494	3 015	2 887
<u>Total Births</u>				
White	1 158	1 192	2 350	2 405
Coloured	729	733	1 462	1 459
Black	1 163	1 170	2 333	2 464
Indian	4 542	4 524	9 066	8 892
Total	7 592	7 619	15 211	15 220

Crude Birth Rates: (Number of births per 1 000 population)

	<u>1979</u>	<u>1978</u>
White	10,37	10,79
Coloured	25,79	26,55
Black	22,76	24,71
Indian	23,60	23,79
All races	19,75	20,26

Since 1974 the rates for all community groups have declined steadily and continue to do so.

Illegitimate Births: (As a percentage of total births)

	<u>1979</u>	<u>1978</u>
White	7,87%	6,32%
Coloured	40,01%	37,29%
Black	74,20%	72,48%
Indian	5,67%	4,55%
All races	19,82%	18,97%

In each community group there has been a slight increase in the percentage of illegitimate births which is disconcerting.

Stillbirths:

Community	Number		Rate per 1000 live births	
	1979	1978	1979	1978
White	16	26	6,86	10,93
Coloured	16	22	11,07	15,31
Black	65	70	28,66	29,24
Indian	137	142	15,34	16,23
Total	234	260	15,62	17,38

The overall stillbirth rate is lower than last year with noticeable decreases in the white and coloured groups.

Deaths:

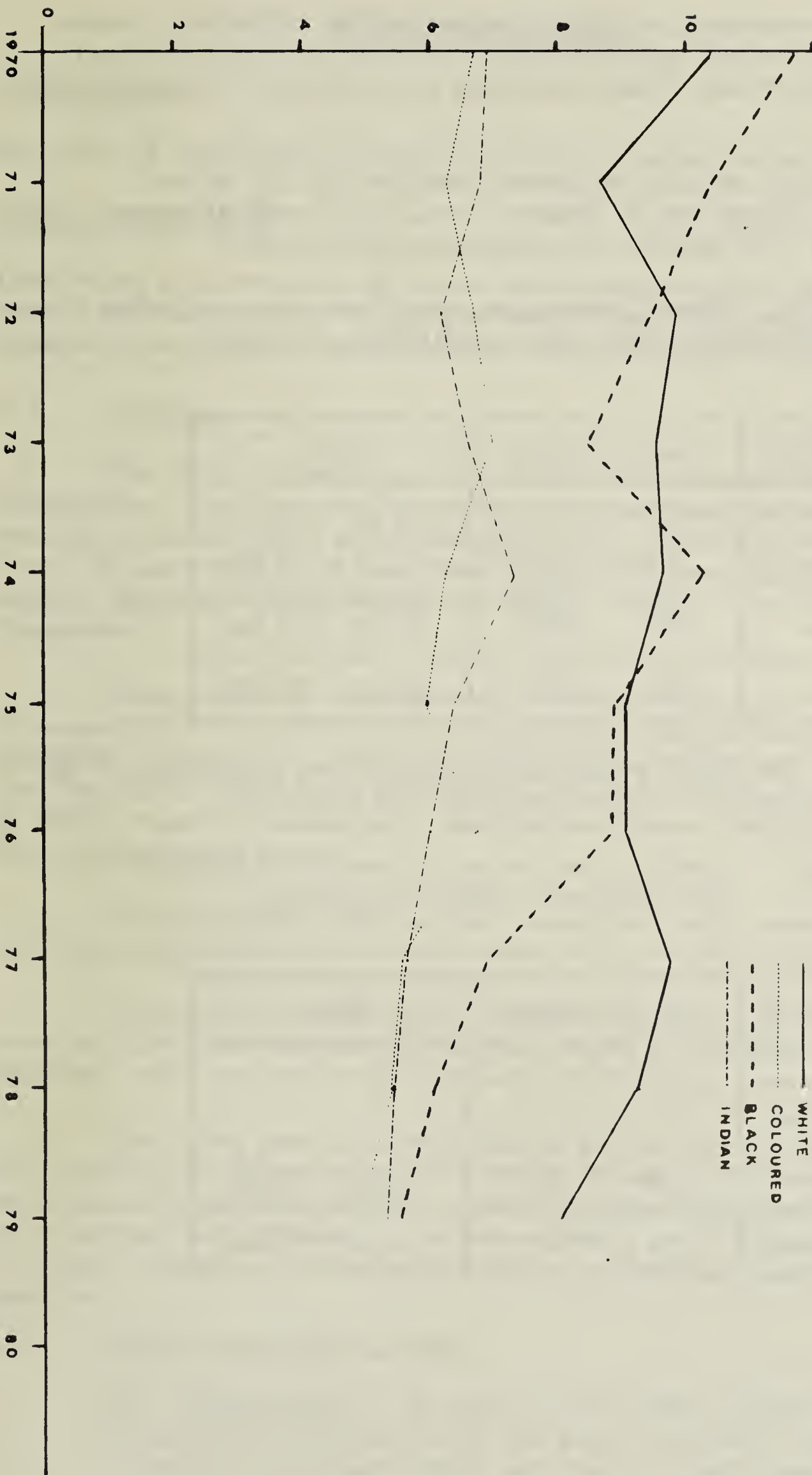
Community	Total Deaths					
	Male	Female	Total	1978	1979	1978
White	958	868	1 826	2 072	8,06	9,30
Coloured	159	121	280	300	4,94	5,46
Black	353	222	575	608	5,61	6,10
Indian	1 244	826	2 070	2 047	5,39	5,48
Total all Races	2 714	2 037	4 751	5 027	6,17	6,69

The following graph depicts death rates over the last 10 years. It will be seen that there has been a marked reduction in the death rate among Blacks.

The three main causes of death in the different communities were as follows, the 1978 figures being given in parenthesis:-

Cause of Death	Number	Percentage of Total Deaths
<u>White:</u>		
(a) Diseases of the circulatory system	890 (962)	48,74 (46,43)
(b) Neoplasms	351 (400)	19,22 (19,31)
(c) Diseases of the respiratory system (excluding pulmonary tuberculosis)	179 (220)	9,80 (10,62)
<u>Coloured:</u>		
(a) Diseases of the circulatory system	76 (86)	27,14 (28,67)
(b) Accidents, poisonings and violence	40 (36)	14,29 (12,00)
(c) Neoplasms	39 (31)	13,93 (10,33)
<u>Black:</u>		
(a) Certain causes of perinatal morbidity and mortality	109 (104)	18,96 (17,11)
(b) Diseases of the circulatory system	89 (115)	15,48 (18,91)
(c) Infective and parasitic diseases	71 (96)	12,35 (15,79)
<u>Indian:</u>		
(a) Diseases of the circulatory system	775 (752)	37,44 (36,74)
(b) Certain causes of perinatal morbidity and mortality	223 (232)	10,77 (11,33)
(c) Accidents, poisonings and violence	206 (188)	9,95 (9,18)
<u>All Races:</u>		
(a) Diseases of the circulatory systems	1 830 (1 915)	38,52 (38,09)
(b) Neoplasms	566 (601)	11,91 (11,96)
(c) Diseases of the respiratory system (excluding pulmonary tuberculosis)	164 (454)	3,45 (9,03)

CRUDE DEATH RATE (PER 1000 POPULATION)



Although the percentage of total deaths for the three main causes of death remain relatively the same the number of deaths in most categories listed were lower resulting in a slightly decreased death rate.

Deaths from motor vehicle accidents totalled 108 (30 White, 11 Coloured, 1 Black and 66 Indian), while the total of known suicides was 71 (27 Whites, 2 Coloured and 42 Indians).

Infant Mortality: (Deaths under the age of one year excluding stillbirths and based on the rate per 1000 live births).

Community	No. of Deaths		Rate	
White	28	(35)	12,00	(14,71)
Coloured	17	(26)	11,76	(18,09)
Black	128	(126)	56,44	(52,63)
Indian	187	(205)	20,94	(23,43)
Total	360	(392)	24,04	(26,20)

The decline in the above rates continued with the exception of the Black community where a slight increase was recorded.

Maternal Deaths: (Deaths from causes related to childbirth and rate per 1 000 live births).

Community	No. of Deaths		Rate	
White	-	(-)	-	(-)
Coloured	-	(-)	-	(-)
Black	-	(-)	-	(-)
Indian	2	(3)	0,22	(0,34)
All races	2	(3)	0,13	(0,20)

III. COMMUNICABLE DISEASES

INTRODUCTION

No cases of formidable epidemic disease occurred during 1979.

GLOBAL EPIDEMIOLOGY

Continuing reference to the World Health Organisation (W.H.O.) Weekly Epidemiological Record was made to keep informed on disease prevalence in neighbouring states and world trends.

(i) Smallpox

The Global Commission for the Certification of Smallpox Eradication certified the world free from smallpox during their meeting in Geneva from 6 - 9 December 1979. Included in the final 15 countries certified free during 1979 were South Africa, Angola, Botswana, Lesotho and Swaziland, Somalia, Kenya and Madagascar.

Accordingly in the Republic of South Africa, on 10 August 1979, notice R.1698 in Government Gazette No. 6613 repealed the relevant sections of the Public Health Act 1919 (Act No. 36 of 1919) read with the Health Act 1977 (Act 63 of 1977) regarding compulsory vaccination against smallpox for international travel.

It is recorded that certain countries still require smallpox vaccination certificates from all arriving travellers.

In accordance with W.H.O. recommendations only seven maximum security laboratories may retain stocks of variola virus, one of these being the National Institute of Virology, Johannesburg.

Pox virus research continued in central Africa during 1979, with particular emphasis on Zaire where 15 cases of human monkeypox occurred during 1978 and 1979. Investigations into the occurrence of monkeypox and whitepox in certain mammals and their relationship to human infections indicate that these are not a public health problem.

(ii) Viral Haemorrhagic Fevers

(a) Yellow Fever: In spite of the Aedes aegypti eradication programme over the past few years, cases of yellow fever were again notified by South American countries, notably Brazil, Peru, Columbia, Ecuador, Venezuela and Bolivia. In addition, cases were notified from Trinidad and Tobago and in Africa, in the Gambia and Ghana during 1979.

In Trinidad during 1978 there were reports of monkeys dying. There had been a similar yellow fever epizootic in 1959 and two cases of yellow fever occurred in man. During 1979 the potential risk of transmission of yellow fever from forested areas or by illegal importation of monkeys became a reality and over 50 cases were notified of which 34% were fatal. Animal studies showed the virus to be present in monkeys and mosquitoes.

In Africa, the sporadic outbreak in the Gambia in 1978 was abated in January 1979. Several hundred cases had been reported with a case fatality rate of 19,4%. Problems of confirmation of cases occurred as far back as 1978, but on the basis of yellow fever attack rate in a survey of nine villages it was estimated by W.H.O that between 5 000 and 8 000 cases had occurred in Eastern Gambia during the outbreak with 1 000 - 1 700 deaths. It was believed that during the rainy season human infections were from sylvatic vectors, including *Aë. luteocephalus* and by *Aë. aëgypti*, the latter breeding in domestic situations.

The epidemic was halted when some 93% of the total population (534 458) had been immunised during a mass vaccination campaign using 17D vaccine administered by jet-injector.

In Ghana, the outbreak of yellow fever which started late 1978 spread early in 1979, continued virtually throughout the year and involved in particular the Volta and Eastern Regions. Over 700 cases were notified of which 22% were fatal. Again outbreaks were controlled by mass immunisation of over a half million persons.

In Nigeria 21 cases of yellow fever, all non-fatal, were notified and in France, two fatal cases imported from Senegal were reported from Paris in November 1979. Research during 1978 had revealed the sylvatic yellow fever cycle in Senegal, the Central African Republic and Ivory Coast and late 1979 two non-fatal cases of yellow fever were reported from the latter State.

The global picture of yellow fever as outlined above leaves little margin for complacency and particularly the control of the mosquito vectors of both urban and jungle yellow fever.

To confound the situation further, during 1933 the first provocative indication that a tick could carry and transmit yellow fever virus came from research by Aragao. In the intervening years this was confirmed only once, in 1975. During 1978 the virus was isolated by researchers from larvae of the tick *Amblyomma variegatum* which could be a natural vector and/or reservoir. Because of their feeding on many different hosts, including birds and bats, and transovarial transmission, ticks may well play a considerable role in transmission and perpetuation of yellow fever virus.

(b) Dengue Fever

Dengue fever, due to types 1 and 2 dengue virus have caused endemic and epidemic infections in the Caribbean area for many years. During 1977 type 1 was isolated for the first time in the American Region and caused an extensive pandemic in the Caribbean and Central America during 1977 and 1978 which fortunately tailed off by early 1979.

In the western Pacific Region 23 countries and territories have reported dengue fever and dengue haemorrhagic fever (D.H.F.) since 1975. The highest incidence was Vietnam in 1977 with over 45 000 cases and a case-fatality rate of 1,6%. Between 1975 and 1978, Madagascar reported over 400 cases of D.H.F. per year with case fatality rates of up to 9,2% and Singapore experienced an outbreak in 1978. Dengue virus type 1 predominated during this period. During 1979 outbreaks totalling 700 cases were reported from French Polynesia, in both Tahiti and neighbouring islands, with confirmation of type 4 virus, these being the first reports of this serotype from the western Pacific Region. Previous isolates were of types 1 and 2 in French Polynesia. The 1979 outbreak did not include haemorrhagic cases.

D.H.F. has been known in the South East Asian Region since 1958 with outbreaks in Bangkok and Thailand where it subsequently became endemic.

In Indonesia and Burma the first outbreaks were reported in 1968 and 1970 respectively and D.H.F. is now endemo-epidemic in all three countries and in 1978 D.H.F. cases in excess of 5 000 were reported from Burma, Indonesia and Thailand respectively. India and Sri Lanka reported only minor outbreaks some twenty years ago.

(c) Ebola Haemorrhagic Fever

During September 1979 an outbreak of Ebola Haemorrhagic fever was reported in southern Sudan. Of 69 suspected

cases, 33 were positively confirmed and there were 22 deaths. This relatively newly recognised disease of acute onset is associated with haemorrhagic incidents and death is usually due to shock. Source of infection of the index case was not determined but nosocomial transmission was a factor in its spread. Antibodies were present in 6% of persons in the district of occurrence, suggesting that the disease is endemic and that transmission occurs sporadically, more frequently than previously recognised from some natural source.

At the time of reporting of this outbreak attention was drawn to an outbreak of Marburg-like virus infection which had occurred in Zaire in 1976 when Ebola virus antibodies were found in 10 of the 167 cases. However, Ebola Haemorrhagic Fever was not actually confirmed and the outbreak was finally diagnosed merely as a V.H.F.

(d) Congo/Crimean Haemorrhagic Fever

During November 1979, six cases of a haemorrhagic fever, five of whom were infected by an index case in a hospital in Dubai, United Arab Emirates, were reported. The index and two secondary cases died, all from an acute febrile illness with haemorrhagic manifestations. Congo virus was isolated from the liver of one of the cases.

(e) A Viral Haemorrhagic Fever

Five cases of an acute febrile illness with severe haemorrhagic manifestations occurred in Baghdad Iraq during September 1979. Two patients were infected through nosocomial spread from the index case and all three initial patients died.

The clinical picture resembled that of Congo/Crimean haemorrhagic fever but positive identification is awaited.

Epidemiological Note on Viral Haemorrhagic Fevers

The recent emergence of the acute exotic viral diseases recorded above, along with others such as Lassa and Marburg Fever have highlighted the fact that whereas these diseases may occur sporadically and endemically in rural areas and may be self-limiting in family members living in compounds or settlements spread far apart in the bush, it is the severely ill hospitalised patient with haemorrhagic fever who may initiate transmission in hospital with subsequent community-wide spread.

Thus continual surveillance is essential to determine the frequency, location and seasonal occurrence of sporadic cases of viral haemorrhagic fevers to recognise the potential threat of epidemic amplification of the virus and promptly interrupt the chain of transmission both in hospital and in the community.

(iii) Ross River Virus

Ross River virus, a Group A arbovirus previously associated with outbreaks of "epidemic polyarthrititis" only in Australia, caused an outbreak in Fiji in which 30 000 cases were recorded. When this influenza-like illness, with fever, multiple painful and swollen joints and peripheral rash appeared, it was necessary to exclude the diagnosis of dengue fever.

(iv) Cholera

The incidence of Asiatic cholera continued on a world-wide scale during 1979. The decrease of approximately 8 000 reported cases in 1977 was followed by an increase during 1978, when a total of 74 632 was recorded. A warning of the likely trend for 1979 was seen early in the year as within the first 10 weeks, 4 927 cases of cholera were reported by 17 countries compared with 2 790 cases from 11 countries for the same period in 1978. The increase in cases and countries was due mainly to a relatively large number of cases reported by countries in Asia and Africa which were affected during the latter part of 1978. Fortunately the 1979 trend settled and the global total of cases reported to world Health Organisation was 54 179, with only two new countries infected, both in Africa, Gabon and Sudan.

In Asia the total cases declined from 50 765 in 1978 to 34 842 in 1979 with a total of 20 countries reporting cases. Whilst most countries experienced a decrease in cases, especially India considerable increases were noted in the Phillipines and Democratic Yemen, whilst in Iran and Indonesia there were outbreaks with at least 1 846 and 18 702 cases respectively

The disease was again introduced into Southern Europe with eight cases in Italy and in Spain during November 1979, a total of 267 cases of cholera were reported from eight provinces. The transmission was considered mainly foodborne, with some direct family contact or water source identified and with the eating of raw or lightly cooked fish from sewage polluted waters associated with many cases. Imported cases were reported from three other European

countries - France, Netherlands and Sweden.

The Americas remained cholera free in 1979 with only one imported case in the United States of America.

In Oceania the small introduction into Nauru at the end of 1978 was brought under control early in 1979 and only five cases were reported.

In Africa there were widespread outbreaks and eighteen countries were affected. The overall number of cases decreased from 23 317 in 1978 to 18 996 in 1979 due in part to improved figures from Burundi, Rwanda, the United Republic of Tanzania and Zambia. There was a re-appearance in Ivory Coast (free since 1971) and Mozambique (free since 1977) had a large outbreak in 1979. On the other hand four countries (Benin, Malawi, Togo and Upper Volta) did not report cases during 1979.

The following summarises the notifications for Africa during 1979:-

Zaire	5 484	Mozambique	4 565
Algeria	1 749	United Republic of	
Uganda	940	Tanzania	2 135
Sudan	207	Burundi	882
Kenya	1 070	Liberia	438
Senegal	103	Zambia	12
Nigeria	237	Ghana	1 139
Rwanda	5	United Republic of	
Gabon	5	Cameroon	16
Congo	5	Ivory Coast	3

Totalling in all 18 996 with 8,0% deaths.

In addition two imported cases were reported in South Africa. This, together with the overall evidence of cholera in Africa serves as a reminder not only for the need of constant vigilance in the Republic but also preparedness for an outbreak at any time. In Durban a programme of sewage surveillance, using Moore's swabs was instituted early in 1979 and to date no *Vibrio cholerae* have been isolated. The necessity for on-going control of harvesting shellfish and surveys of marine foods was also justified in the light of the experience in Spain and a later 10 cases of cholera in Sardinia where the infection was associated with clams harvested illegally from a sewage polluted lagoon. *V. cholerae*, serotype 01 was isolated from the first case and subsequently from

clams and lagoon waters. All clinical and environmental isolates of the agent were of serotype Ogama, biotype "eltor", phage type 4.

The disturbing factor of antibiotic resistance emerged during the Tanzanian outbreak. Of 35 strains of *V. cholerae* isolated from different areas, 16 strains tested by standard genetic techniques were shown to carry transferable resistance plasmid which conferred resistance to several antibiotics. This proved the epidemiological importance of monitoring emergence of resistance when control programmes on a large scale, are put into effect.

(v) Plague

In 1978, 766 cases of human plague with 31 deaths were reported to W.H.O., compared with 1 447 cases and 67 deaths in 1977. In Africa and the Americas there was a somewhat unexpected increase during 1978 when there were 195 cases with 12 deaths in Africa compared with 141 cases and 30 deaths in 1977; in the Americas, 86 cases (68 from Bolivia) with 5 deaths in 1978 and 48 cases with 11 deaths in 1977.

In Asia there were 485 cases with 14 deaths in 1978, Burma and Vietnam.

The trend in Africa during 1978, with increased cases in Kenya, Madagascar and Mozambique was associated with an increase in rodent population with unusual numbers of death noticed in many households prior to the outbreak of human plague. *Mastomys natalensis* (89%) was the predominant rodent trapped but small numbers of other rodents including *Tatera* species and *Rattus* *Rattus* were involved. The predominant fleas on the rodents were *Xenopsylla cheopis* and a disquieting feature was the death of 39 goats on which these fleas were found although proof of plague was not obtained.

During 1979 the human plague epidemic continued in Kenya, was widespread throughout the provinces and by the year end there were 784 reported cases of which 22 (2,8%) were fatal. In Madagascar the epidemic receded with only 15 cases of which 6 (40%) died. In Mozambique, following control measures no human cases were reported to W.H.O. in 1979. Likewise in Zaire rodent plague was reported in July and October but due to prompt and adequate control measures only 1 case, which proved fatal, was reported in August 1979.

An outbreak of human infection occurred in Sudan and over 400 cases were reported but with no deaths.

The importance of on-going rodent control programmes on the African continent remains of paramount importance and Durban with both inland borders and seaport entry remains at high risk.

(vi) Influenza

During 1979, 51 countries and zones reported data on influenza infections to W.H.O. Three types of influenza virus already prevalent continued to circulate in the world: A(HINI), A(H3N2) and B.

Virus A (HINI) was reported in all regions of the globe and whereas in 1978 it caused epidemics among young people in most countries, in 1979 it caused only sporadic cases or localised outbreaks except in Algeria, Egypt, Lebanon and Pakistan and parts of the U.S.A. As before, young persons under 25 years old were affected, i.e. those not affected by the A(HINI) infections prevalent from 1947 to 1957. Whereas the main age range during 1977-1978 was 13 to 20 years the 1978-1979 outbreaks affected mostly younger children.

Many of the A(HINI) strains circulating were the variant A/USSR/90/77(HINI) although most of the strains isolated in the United States of America and many of those in Europe, Asia and the Southern hemisphere belonged to the new variant A/Brazil/11/78(HINI). In July, A/Cape Town/1/79 (HINI) was isolated, and was similar to the latter strain.

In Japan, an epidemiologically significant prevalence of A/Fukushima/103/78 (HINI) was reported.

Virus A(H3N2) continued to circulate but was isolated in only a few countries and as sporadic influenza activity associated with other virus types especially in Thailand and Hongkong. The variant was generally A/Texas/1/77/(H3N2) with A/Victoria/3/75(H3N2) being more rare.

Virus B infections were mostly sporadic but caused medium-sized epidemics in Europe, Southern Asia, China and Chile. The virus was usually the variant B/Hongkong/5/72, however 30% of the strains from Europe, Asia and Africa were similar to the variants B/Hanover/13/78 or B/Johannesburg/9/75 and B/Singapore/222/79. Based on these observations, W.H.O. has recommended that inactivated influenza vaccines for use in the season 1980-1981 contain the antigens A/Texas/1/77 (H3N2)-like strain, A/Brazil/11/78(HINI)-like strain and a B virus strain currently circulating e.g. B/Singapore/222/79-like.

(vii) Malaria

Concern over the increasing number of malaria cases imported into non-malaria countries continued during 1979 and on a global scale followed more or less the rising trend of tourist travel by air. Tourists and employees of shipping and airlines are the major risk groups. In a survey in the Federal Republic of Germany a disconcerting aspect was that of the 318 reported imported cases during 1977 whilst there was no indication that clinical attacks occurred on regular prophylaxis with chloroquine, some of the patients had taken incomplete prophylactic measures or did not continue it long enough whilst others had not taken any anti-malarials at all. This sole example is quoted as being fairly representative of a world-wide picture. W.H.O. has for some years forged ahead with both its malaria eradication and information to traveller programmes through and from malaria areas, but still the international traveller looms as unwelcome a spectre as the mosquito vectors themselves. The Republic in general, and Natal and Durban in particular, with malaria vectors consistently present, remain vulnerable especially through seaport entree of both infective mosquitoes and infected humans.

(viii) Poliomyelitis

A world summary of cases of poliomyelitis reported to W.H.O. during 1978 showed that 88 countries are actively participating in the W.H.O. Expanded Programme of Immunization. Participating countries are categorised as Group I, II and III being respectively highly industrialised countries with effective programmes and long established control of the disease, developing countries which have instituted immunization programmes and succeeded in controlling the disease and finally developing countries with or without vaccination activities which have not been able to bring the disease under control.

In the 59 Group III countries the decline in occurrence is slow and has only dropped from 24 000 cases in 1976 to 21 500 cases in 1978.

In addition to the ongoing surveys in Far East and Central African countries evidence that paralytic poliomyelitis is more prevalent than suspected has been reported from these

countries which include Swaziland. Introduction of a "lameness register" may serve as an indicator on the impact of control programmes and should be used.

W.H.O. has stressed that the effectiveness of polio-myelitis vaccination when applied in a nationwide programme has been demonstrated by the dramatic decrease in cases and in the maintained low incidence over many years in both industrially developed and in a number of developing countries, many of which are in tropical zones. However, poliomyelitis remains a serious problem in a large part of the developing world where the disease is a constant threat to children with consequences for social and economic development. Some of these countries reported a downward trend, which could be either the first indication of the impact of control or a natural fluctuation. As the outbreaks in Europe in 1978 and the epidemic in 1979 in the United States of America (with 185 paralytic cases) showed, the developing countries must maintain vaccination coverage and avoid build-up of susceptible pockets in the population.

(ix) Meningococcal Meningitis

From time to time over past years reports have been received from other countries of outbreaks of meningococcal meningitis notably France and South America. In the Republic of South Africa it is commonplace to expect a relatively high incidence in miners in the Southern Transvaal and Northern Free State Goldfields. During 1978 there was a total of 970 cases for the Republic.

During 1979 Cape Town experienced an epidemic of this disease with 588 cases which was an increase of 48% on the 1978 figure. In spite of this outbreak and considering all notifications for both the Republic and all Black states (independent and self-governing), the case-fatality ratio dropped from 11% in 1977 and 1978 to 6,8% in 1979.

The 1979 pattern showed a swing away from incidence among Black mine workers aged 18 to 28 years from the Southern Transvaal to involve largely Coloured children under 5 years of age in the Western Cape.

In the Cape Town outbreak a puzzling factor was that of lack of inter-relationship between cases. The epidemic was geographically limited and fortunately no unduly high incidence occurred elsewhere in the Republic.

NOTIFIABLE MEDICAL CONDITIONS

In terms of the Health Act of 1977 a new list of notifiable medical conditions replaced the old, was gazetted and made effective from 24 August 1979 by the Minister of Health. (Government Notice R.1802).

Anthrax
 Brucellosis
 Cholera
 Diphtheria
 Haemorrhagic Fevers of Africa (Congo Fever, Dengue Fever, Ebola Fever, Lassa Fever, Marburg Fever, Rift Valley Fever.)
 Lead Poisoning
 Leprosy
 Leptospirosis
 Malaria
 Measles
 Meningococcal meningitis (including meningococcaemia).
 Paratyphoid Fever
 Plague
 Poisoning from any agricultural or stock remedy registered in terms of the Fertilizers, Farm Feeds, Agricultural Remedies and Stock Remedies Act. 1947 (Act 36 of 1947), as amended.
 Poliomyelitis
 Primary malignancy of the bronchus, lung and pleura
 Psittacosis (including Ornithosis).
 Rabies
 Smallpox (all forms)
 Tetanus
 Toxoplasmosis
 Trachoma
 Trypanosomiasis
 Tuberculosis (all forms of tuberculosis are notifiable, except cases diagnosed solely on the basis of clinical signs and symptoms and/or a positive tuberculin test)
 Typhoid Fever
 Typhus Fever (epidemic lice typhus fever, endemic ratflea typhus fever)
 Viral Hepatitis A and B and undifferentiated
 Yellow Fever.

This department drew the new requirements to the attention of all hospital superintendents and all medical practitioners in the Durban area.

Notable inclusions were measles and primary carcinoma of the bronchus, lung and pleura while deletions included encephalitis, gonococcal ophthalmia, ophthalmia neonatorum, puerperal sepsis and scarlet fever.

There was an overall increase of 35% in notifications of notifiable medical conditions contracted within the City compared to 1978. The major reason was the inclusion of measles and pulmonary malignancy as notifiable medical conditions. There was little change in all other disease incidence except for viral hepatitis where a 15% decrease was recorded.

The following table reflects local, imported and ex-city cases reported on during 1979. Where imported and ex-city cases were implicated locally the necessary investigations and actions were carried out.

Statistics reflected below represent cases occurring and notified only whilst that disease was officially a notifiable medical condition and is in respect of all cases diagnosed in Durban irrespective of domicile and place of infection.

* Notificotions up ta 24 August 1979

Disease	CITY					IMPORTED					EX-CITY					Grand Total
	W.	C.	B.	I.	Tatol	W.	C.	B.	I.	Totol	W.	C.	B.	I.	Total	
Diphtheria	-	-	1	-	1	-	-	-	-	-	-	-	16	1	17	18
*Encephalitis	6	1	-	9	16	-	-	-	-	-	4	-	14	1	19	35
*Gonococcal Opthalmio	1	1	1	-	3	-	-	-	-	-	-	-	1	-	1	4
Lead Paisaning	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1
Leprasy	1	-	-	-	1	-	-	-	-	-	-	1	14	-	15	16
Malario	-	-	-	-	-	9	-	2	1	12	9	-	16	7	32	44
Measles	48	1	42	11	102	-	-	8	-	8	3	1	467	1	472	582
Meningacaccol																
Meningitis	4	3	3	2	12	-	-	-	-	-	5	-	21	-	26	38
*Opthalmia																
Neanotorum	-	1	-	-	1	-	-	-	-	-	-	-	1	-	1	2
Poisaning: (Orgono Phos- phote)	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Poliamyelitis	-	-	-	-	-	-	-	1	-	1	-	-	30	-	30	31
Primary Carci- nama Bronchus	13	2	4	1	20	-	-	-	-	-	16	3	31	-	50	70
Primory Corci- noma Lung	15	-	-	2	17	-	-	-	-	-	1	-	4	-	5	22
*Puerperal																
Sepsis	-	-	1	1	2	-	-	-	-	-	-	-	39	-	39	41
*Scarlet Fever	11	-	-	-	11	-	-	-	-	-	1	-	-	-	1	12
Tetonus	-	-	2	-	2	-	-	-	-	-	-	-	117	4	121	123
Tryponosamia- sis	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1
Typhaid Fever	1	1	5	9	16	-	-	9	2	11	1	-	359	14	374	401
Viral Hepotitis	57	18	4	110	189	9	-	-	3	12	16	4	82	27	129	330
	157	28	63	146	394	18	-	20	6	44	57	9	1 212	56	1 334	1 772

The following table reflects, in community groups, the number of cases of conditions notified and the overall attack rate for local cases only:

Disease	W	C	B	I	Total	Attack rate per 1 000 Population
Diphtheria	-	-	1	-	1	0,00129869
Encephalitis	6	1	-	9	16	0,02077905
Gonococcal Opthalmia	1	1	1	-	3	0,00389607
Lead Poisoning	-	-	-	1	1	0,00129869
Leprosy	1	-	-	-	1	0,00129869
Measles	48	1	42	11	102	0,1324665
Meningococcal Meningitis	4	3	3	2	12	0,01558429
Opthalmia Neonatorum	-	1	-	-	1	0,00129869
Primary Carcinoma Bronchus	13	2	4	1	20	0,02597382
Primary Carcinoma Lung	15	-	-	2	17	0,02207775
Puerperal Sepsis	-	-	1	1	2	0,00259738
Scarlet Fever	11	-	-	-	11	0,0142856
Tetanus	-	-	2	-	2	0,00259738
Typhoid	1	1	5	9	16	0,02077906
Viral Hepatitis	57	18	4	110	189	0,24545263

Diphtheria

The adjoining table sets out the notifications, deaths and appropriate rates for Durban since 1940.

Only one case was notified during 1979, a Black, non-immunised female aged 3 years who died.

Encephalitis

Prior to the rescission of notifiability there were 16 notifications of viral encephalitis including three cases of meningoencephalitis and one case of mumps encephalitis.

One death occurred from viral hepatitis, a 9 year old Indian girl who contracted viral encephalitis.

The following table sets out the incidence:

Year	White	Coloured	Black	Indian	Total
1979	6	1	-	9	16

DIPHTHERIA : NOTIFICATIONS AND DEATHS : 1940 TO 1979																															
(Notification Rate per 1 000 Population : Mortality as a percentage of Total Notifications)																															
Year	WHITE										COLOURED						BLACK				INDIAN						ALL RACES				
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths		Notifications		Deaths		Notifications		Deaths		Notifications		Deaths		Notifications		Deaths				
	No.	Rate	No.	%	No.	Rate	No.	%	No.	Rate	No.	%	No.	Rate	No.	%	No.	Rate	No.	%	No.	Rate	No.	%	No.	Rate	No.	%			
1940	194	2,10	3	1,55	21	2,60	16	-	2	12,50	23	0,26	1	4,35	254	0,98	6	2,36													
1945	255	2,33	6	2,35	36	4,01	116	2,78	9	7,76	37	0,37	-	-	444	1,53	16	3,60													
1950	145	1,10	1	0,69	34	2,65	124	5,88	18	14,52	58	0,45	7	12,07	361	0,90	28	7,75													
1955	75	0,50	1	1,33	34	1,82	102	5,88	16	15,69	69	0,42	15	21,74	280	0,56	34	12,14													
1960	9	0,06	1	11,11	7	0,28	56	-	6	10,71	22	0,10	4	18,17	94	0,16	11	11,70													
1965	1	0,0006	-	-	2	0,07	13	-	2	15,38	3	0,01	-	-	19	0,03	2	10,53													
1966	2	0,01	-	-	1	0,03	16	100,00	3	18,75	21	0,08	6	28,57	40	0,06	10	25,00													
1967	1	0,005	-	-	2	0,07	18	-	5	27,78	8	0,03	2	25,00	29	0,04	7	24,14													
1968	1	0,005	-	-	6	0,19	9	-	1	11,11	14	0,05	3	21,43	30	0,04	4	13,33													
1969	-	-	-	-	1	0,03	14	-	4	28,57	14	0,05	3	21,43	29	0,04	7	24,14													
1970	-	-	-	-	1	0,02	3	-	1	33,33	1	0,003	1	100,00	5	0,006	2	40,00													
1971	-	-	-	-	4	0,09	4	-	-	-	3	0,01	-	-	11	0,01	-	-													
1972	-	-	-	-	2	0,04	3	-	-	-	2	0,01	1	50,00	7	0,01	1	14,29													
1973	1	0,005	-	-	-	-	3	-	1	33,33	2	0,01	-	-	6	0,01	1	16,66													
1974	1	0,005	-	-	-	0,006	6	-	1	16,67	-	-	-	-	10	0,01	1	10,00													
1975	1	0,005	-	-	3	-	2	-	-	-	-	-	-	-	3	0,004	-	-													
1976	-	-	-	-	-	-	2	-	1	50,00	1	0,003	-	-	3	0,004	1	33,33													
1977	-	-	-	-	-	-	2	-	-	-	1	0,003	-	-	3	0,004	-	-													
1978	2	0,009	-	-	-	-	1	-	-	-	-	-	-	-	3	0,004	-	-													
1979	-	-	-	-	-	-	1	-	1	100,00	-	-	-	-	1	0,001	1	100,00													

Gonococcal Ophthalmia and Ophthalmia Neonatorum

There were three cases of gonococcal ophthalmia comprising of an 18 year old White female and two infants, one Coloured and one Black.

The single case of ophthalmia neonatorum was a Coloured infant.

Lead Poisoning

The single notification, an Indian female aged 8 years, was a classic case of pica.

Leprosy

This case, a White male aged 69 years gave no family history of the disease.

Malaria

There were no local cases. Of the 44 imported and ex-city cases 10 were seamen from ships that had visited ports on the West or East coast of Africa or the Far East.

Six cases were South African Defence Force personnel from the operational area, the remaining cases were mostly persons who had visited neighbouring states and originated from Maputo (10); Malawi (4); Kenya (2); India (2); Zambia (3); Rhodesia (2); Kruger Park (1); Swaziland (1); Zululand (1) and Pakistan (1).

There was one government case, a Black male aged 42 years who worked as a lashier and securing man on board a ship which had recently come from Port Louis, Mauritius. The infection was undoubtedly acquired from an infected mosquito in the course of his work in Durban harbour and this was the only death recorded.

Of the 44 cases reported there were 30 Plasmodium falciparum infections, 10 Plasmodium vivax, one both and three were relapses of Plasmodium vivax.

The post therapy surveillance of notified malaria cases for periods of one year in regard to persons who had suffered with Plasmodium falciparum and three years in regard to persons who had suffered with Plasmodium vivax infections continued. This programme is of prime importance with the finding of Anopheles gambiae fairly consistently, especially along the Umgeni Valley.

Measles

Of the 102 measles cases 47% of the notifications were White and 41% Black. Fifteen (14,7%) of the cases gave a history of previous immunisation against the disease.

In following up all cases the parents were advised with regard to the immunisation of susceptible family contacts.

Meningococcal Meningitis

There were 12 cases reported during the year compared with 9 cases in 1978. One case, a Black male aged 17 years died.

The following table sets out notifications since 1969 with deaths in parenthesis:

Year	White	Coloured	Black	Indian	Total
1969	4 (1)	4 (1)	17 (1)	10 (1)	35 (4)
1970	4 (2)	-	12	11 (2)	27 (4)
1971	4	-	8	3 (1)	15 (1)
1972	7	1 (1)	8 (1)	4 (1)	20 (3)
1973	2	3	2 (1)	-	7 (1)
1974	3	-	2	5	10
1975	4 (1)	3	1	3	11 (1)
1976	3	-	1	4	8
1977	5	3	1	12 (1)	21 (1)
1978	3	1	-	5 (1)	9 (1)
1979	4	3	3 (1)	2	12 (1)

Poliomyelitis

As for 1978 there were no notifications during 1979. This record is obviously attributable to the immunisation campaign carried out and maintained over recent years.

The following table sets out notifications since 1966:

Poliomyelitis notifications since 1966:

Year	White	Coloured	Black	Indian	Total
1966	1	-	12	6	19
1967	-	-	-	-	-
1968	-	3	10	-	13
1969	1	2	17	2	22
1970	-	-	2	1	3
1971	-	-	33	2	35
1972	-	2	16	3	21
1973	-	-	2	1	3
1974	-	-	5	-	5
1975	-	1	18	1	20
1976	-	-	5	1	6
1977	-	-	1	-	1
1978	-	-	-	-	-
1979	-	-	-	-	-

Puerperal Sepsis

There were two notifications, one more than in 1978.

One case, an Indian, gave birth to her baby in a local hospital while the other, a Black, was delivered at her home.

Rabies (Hydrophobia)

Despite several scares during the course of the year there were no human cases reported. However, towards the latter half of the year the discovery of a confirmed case of rabies in a canine in Lamontville initiated close liaison with the State Veterinarian who with the aid of this department instituted a campaign to inoculate dogs and cats in the Durban area. Over 10 000 dogs and close on 500 cats were inoculated in the borough itself.

Scarlet Fever

There were 11 cases which was one more than in 1978. All the cases were Whites and all were treated at home except for a 7 year old female who was hospitalized.

Tetanus

There were only two cases reported during 1979 which is three less than in 1978 and seven less than in 1977.

Both cases were Blacks, aged 4 and 68 years old.
The latter case died.

The table below sets out notifications of tetanus since the disease became notifiable in 1964:

Year	Coloured	Black	Indian	Total
1965	4 (2)	15 (5)	9 (1)	28 (8)
1966	-	22 (14)	9 (4)	31 (18)
1967	-	24 (12)	3 (2)	27 (14)
1968	-	9 (4)	8 (6)	17 (10)
1969	1 (1)	17 (5)	10 (5)	28 (11)
1970	-	12 (8)	10 (4)	22 (12)
1971	-	6 (3)	5 (4)	11 (7)
1972	1 (1)	9 (5)	7 (6)	17 (12)
1973	-	9 (5)	1 (-)	10 (5)
1974	-	6 (1)	3 (-)	9 (1)
1975	-	5 (2)	5 (2)	10 (4)
1976	-	9 (2)	2 (1)	11 (3)
1977	-	4 (2)	5 (1)	9 (3)
1978	2 (-)	-	3 (1)	5 (1)
1979	-	2 (1)	-	2 (1)

Typhoid Fever

Sixteen cases of typhoid fever were notified during the year which was a decrease of two compared with the previous year.

There were no deaths. The cases comprised of one White, one Coloured, five Blacks and nine Indians. Three of the Indian cases were from one household and probably contracted the disease from a visiting relative.

During the course of the year a 51 year old Indian female who had contracted typhoid in India developed a carrier state after being treated in hospital, was treated but became a confirmed chronic carrier. Subsequently she presented for cholecystectomy which terminated the carrier state.

The following table indicates the age and racial distribution of the cases:

Age	White	Coloured	Black	Indian	Total
0 - 4 years	-	-	1	1	2
5 - 9 years	-	1	-	-	1
10 - 14 years	-	-	-	3	3
15 - 19 years	-	-	-	-	-
20 - 24 years	1	-	2	3	6
25 - 29 years	-	-	2	-	2
30 - 39 years	-	-	-	-	-
40 - 49 years	-	-	-	1	1
50 and over	-	-	-	1	1
	1	1	5	9	16

The typhoid situation in certain areas, notably Inanda, on the periphery of the City, was cause for concern as many of these persons are commuters and work in Durban. Until the necessary corrective measures are taken by those authorities concerned, typhoid will remain a serious threat to Durban.

The adjoining table sets out the notifications, deaths and appropriate rates for Durban since 1940.

TYPHOID : NOTIFICATIONS AND DEATHS : 1940 TO 1979																
(Notification Rate per 1 000 Population : Mortality as a percentage of Total Notifications)																
Year	WHITE				COLOURED				BLACK				INDIAN			
	Notifications		Deaths		Notifications		Deaths		Notifications		Deaths		Notifications		Deaths	
	No.	Rate	No.	%	No.	Rate	No.	%	No.	Rate	No.	%	No.	Rate	No.	%
1940	52	0,56	5	9,62	4	0,49	-	-	42	0,60	12	28,57	23	0,26	7	30,43
1945	17	0,15	2	11,76	5	0,58	1	20,00	62	0,86	19	30,65	28	0,28	6	21,43
1950	16	0,12	-	-	2	0,16	1	50,00	36	0,28	15	41,67	40	0,31	2	5,00
1955	8	0,05	-	-	3	0,16	-	-	73	0,44	4	5,48	16	0,10	-	-
1960	8	0,05	1	12,50	4	0,16	-	-	71	0,39	3	4,22	7	0,03	-	-
1965	5	0,03	-	-	1	0,03	-	-	23	0,12	-	-	10	0,04	-	-
1966	-	-	-	-	3	0,10	-	-	37	0,18	3	8,11	12	0,05	-	-
1967	2	0,01	-	-	2	0,07	-	-	23	0,11	1	4,35	10	0,04	1	2,70
1968	4	0,02	-	-	-	-	-	-	20	0,10	3	15,00	19	0,07	3	6,98
1969	6	0,03	-	-	-	-	-	-	24	0,11	8	33,00	9	0,03	4	18,18
1970	2	0,01	-	-	5	0,15	-	-	30	0,15	3	10,00	5	0,02	3	8,11
1971	16	0,08	1	6,25	3	0,07	1	33,33	31	0,15	5	16,13	14	0,05	6	10,94
1972	2	0,01	-	-	1	0,02	-	-	39	0,18	4	10,26	6	0,02	-	-
1973	12	0,06	1	8,33	4	0,08	-	-	17	0,07	-	-	10	0,03	1	4,17
1974	3	0,01	-	-	1	0,02	-	-	15	0,07	1	6,67	5	0,02	-	-
1975	3	0,01	-	-	1	0,02	-	-	17	0,07	-	-	14	0,04	-	-
1976	27	0,13	-	-	1	0,02	-	-	21	0,09	1	4,76	7	0,02	1	1,79
1977	-	-	-	-	-	-	-	-	4	0,04	-	-	3	0,008	-	-
1978	6	0,03	-	-	2	0,04	-	-	6	0,06	-	-	4	0,01	-	-
1979	1	0,004	-	-	1	0,02	-	-	5	0,05	-	-	9	0,02	-	-

Primary Carcinoma of the Bronchus

Of the twenty cases reported 13 were Whites, 2 were Coloured, 4 were Black and 1 was Indian.

Primary Carcinoma of the Lung

Fifteen of the seventeen cases notified were White and 2 were Indian.

Viral Hepatitis

During the year, 189 cases of viral hepatitis were notified which was a decrease of 32 cases compared with 1978. There were 57 Whites, 18 Coloureds, 4 Blacks, and 110 Indians. A total of 140 cases were hospitalised, two cases died and three cases were proven viral hepatitis B infections.

OTHER NON-NOTIFIABLE INFECTIOUS DISEASES

The only statistics available to indicate the prevalence of non-notifiable infectious diseases are obtained from two sources:

- (i) Admission of cases to hospital for isolation and treatment; and
- (ii) monthly returns from school principals.

Table I : Admission of Cases to Hospitals

Disease	White	Coloured	Black	Indian	Total
Chickenpox	1	5	22	9	37
Measles	4	14	81	7	106
Mumps	-	2	1	-	3
Rubella	1	-	-	-	1
Whooping Cough	1	4	7	-	12
Scarlet Fever	1	-	-	-	1

Table II. School Notifications (White, Coloured and Indian)

Month	Chicken-pox	Measles	Mumps	Rubella	Whooping Cough	Encephalitis	Scarlet Fever	Viral Meningitis
January	16	20	31	21	1	-	-	-
February	23	86	100	12	11	-	-	-
March	29	72	153	7	6	-	-	-
April	13	64	158	7	11	-	-	-
May	10	97	155	14	13	-	-	-
June	22	152	132	9	3	-	-	-
July	19	199	162	6	9	-	-	-
August	25	159	112	12	6	-	-	-
September	75	288	151	54	8	-	1	1
October	25	201	108	20	2	-	-	-
November	74	125	114	68	-	2	-	1
December	1	6	3	-	-	-	-	-
Total	332	1 469	1 379	230	70	2	1	2

Notifiable from
24 August 1979

Notifiable until 24 August 1979

IV. TUBERCULOSIS

INTRODUCTION

The year 1979 being Health Year and International Year of the Child stimulated efforts in all fields of preventive medicine, not least the ongoing anti-tuberculosis campaign.

Health education and other programmes at clinic open days throughout the City greatly assisted case finding and this probably accounted for the slightly increased rate in the incidence of pulmonary tuberculosis. As in the past two years this figure must be interpreted in the context of case finding effort. The numbers of City, ex-City and imported cases increased slightly compared with the previous year.

On the other hand the total number of cases on treatment or surveillance continued to drop due to a combination of factors such as improved therapeutic regimes and continuing re-appraisal of the need and duration of follow-up. The current figures give a more accurate indication of prevalence of pulmonary tuberculosis cases on therapy. Surveillance was essentially restricted to patients exhibiting high risk factors such as diabetes, alcoholism, malnutrition, extremes of life, rapidly sequential multiparity, concurrent chronic lung disease and persons on immuno-suppressive drugs.

Much use was made in Health Education programmes of the above factors in relation to both risk of acquiring the disease and of relapse or recurrence. This combined with wide dissemination of the common symptomatology paid dividends in both patient compliance and case-finding.

There was a noticeable and pleasing improvement in co-operation from employers in respect of treatment and of referral of suspects. This is especially important as fully supervise outpatient therapy, such as the short intensive regimes, is the aim in all instances. A double benefit is obtained in that the most effective use is made of the new but expensive drugs, while at the same time ensuring control over possible wastage.

A further selective screening of the main Black hostels was made this year, which, though not so productive in case finding, was nevertheless worthwhile from both numbers detected and for health education promotion. Details are recorded later in the text.

The following table sets out the numbers of known current cases of pulmonary tuberculosis in Durban, as at the end of 1979 with the previous year's figures in parenthesis:

CURRENT CASES

Race	City	Ex-City	Total
White	67 (351)	2 (105)	69 (456)
Coloured	123 (311)	8 (83)	131 (394)
Indian	552 (977)	29 (97)	581 (1 074)
Black	403 (2 654)	1 168 (2 253)	1 571 (4 907)
	1 145 (4 293)	1 207 (2 538)	2 352 (6 831)

Comparison with previous years is not practicable as the criteria for retaining patients on prevalence lists has been further curtailed to present a much more realistic figure. Previous policy tended to continue surveillance for many years whereas current views are directed towards discharge of the static cases upon completion of active therapy and only retaining those in the high risk groups.

Additionally, a considerable number of patients had long defaulted or had been discharged from hospitals without further trace yet retained on record as current cases. Such cases have now been technically discharged when field staff have been unable to trace them after two or three attempts over a period of 3 - 6 months. The majority of such cases are Black who for various reasons decide to return to their rural homes or other places of origin without notice, despite regular advice on this subject from the time of notification, to the effect that a current X-ray (100 mm), a clinical summary, a month's supply of treatment, and if known the location of the nearest tuberculosis facility, will be available whenever a transfer is desired.

STATISTICS OF CITY CASESA. Pulmonary Tuberculosis(i) Notifications

Annual Notifications of New City Cases with attack rates per 1 000 population are set out below:-

Year	White	Coloured	Black	Indian	Total
1971	87 0,44	99 2,24	1 067 5,10	445 1,46	1 698 2,25
1972	75 0,38	120 2,64	941 4,38	375 1,20	1 511 1,96
1973	58 0,29	103 2,24	891 4,08	354 1,11	1 406 1,80
1974	62 0,30	101 2,09	936 4,12	321 0,97	1 420 1,75
1975	85 0,40	82 1,64	1 002 4,29	325 0,96	1 494 1,79
1976	37 0,17	93 1,80	914 3,80	306 0,87	1 350 1,57
1977	34 0,16	79 1,46	325 3,33	266 0,73	704 0,95
1978	44 0,20	83 1,51	322 3,23	263 0,70	712 0,95
1979	22 0,10	89 1,57	368 3,59	275 0,72	754 1,02

Apart from City cases an increase was also present in Ex-City and Imported cases rising from 561 in 1978 to 688 in 1979, while a further 214 from outside areas mainly rural, were notified by the clinics and referred either to King George V Hospital, or back to their residential area if adequate facilities were known to be available.

The age group distribution according to sex was as follows:

Age Group	White		Coloured		Black		Indian		Sub-Total		Total
	M	F	M	F	M	F	M	F	M	F	
0 - 4	1	-	6	8	8	11	10	8	25	27	52 (54)
5 - 14	-	-	4	1	5	2	6	9	15	12	27 (20)
15 - 24	1	1	2	11	23	18	38	33	64	63	127 (111)
25 - 44	5	3	25	16	150	39	62	31	242	89	331 (317)
45 - 64	6	4	9	2	84	17	42	22	141	45	186 (174)
65 & over	1	-	1	4	8	3	6	8	16	15	31 (36)
Total	22		89		368		275		754		754 (712)

Sources of Notification

<u>New City</u>		
Municipal clinics	=	461 (442)
Hospitals	=	281 (253)
Other	=	12 (17)
		<hr/>
		754
		<hr/>

(ii) Deaths

Deaths for 1979 corrected for inward and outward transfers are set out below with the death rate per 1 000 population:

Year	White		Coloured		Black		Indian		Total	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
1970	7	0,04	5	0,11	65	0,32	19	0,06	96	0,13
1971	3	0,01	8	0,18	54	0,25	14	0,04	79	0,10
1972	4	0,02	1	0,02	57	0,27	18	0,06	80	0,10
1973	2	0,01	6	0,13	49	0,22	14	0,04	71	0,09
1974	1	0,01	6	0,12	41	0,18	7	0,02	55	0,07
1975	3	0,01	4	0,08	68	0,29	15	0,04	90	0,11
1976	4	0,02	6	0,12	65	0,18	13	0,05	88	0,10
1977	1	0,01	6	0,11	19	0,20	17	0,05	43	0,06
1978	4	0,02	2	0,04	22	0,22	17	0,05	45	0,06
1979	1	0,01	5	0,09	17	0,17	15	0,04	38	0,05

(iii) Other Epidemiological Information

The following further information was extracted from the computerised data:

(a) Form of Pulmonary Tuberculosis (New and Re-notifications)

See adjoining table.

Extensive disease (Bilateral infection plus cavitation) remains by far the commonest form among Blacks.

(b) Hospital and/or Outpatients Treatment (New and Re-notifications)

Of all City and Ex-City cases notified, including new cases and re-notifications 1 222 received outpatient treatment
631 were hospitalised

Total 1 853

(c) Sputum State (New and Re-notifications)

Where the direct sputum result was available at the time of notification the following sets out the position:

	Sputum Positive	Sputum Negative
Hospital Cases	232	280
Outpatient Cases	327	770

(d) Method of Referral (New Notifications only)

Excluding hospital referrals the following is indicative of the method of referral of new cases:

Attended on their own	428
Referred by departmental staff	52
Referred by medical practitioner	106
Referred by employer	39

(e) Sources of Detection (New Notifications only)

This refers to whether a case is detected as a result of contact tracing or investigation of a suspect or whether the pulmonary tuberculosis had been diagnosed prior to attendance at departmental clinics.

The most notable sources of detection were:-

Attended as suspects	681
Known pulmonary tuberculosis cases	15
Home contact referrals	50

(f) Occupation of Cases at time of Notification
(New Notifications only)

Where a definite occupation was listed the following were the most frequent:

Labourers	169
Unemployed	166
Clerical/Scholar	62
Housewife	66
Domestic Servant	43
Foodhandler	1

B. Non-Pulmonary Tuberculosis

(i) Notifications

Notifications of cases of non-pulmonary tuberculosis for the past 10 years are set out below:

Year	White	Coloured	Black	Indian	Total
1970	1	1	31	23	56
1971	2	5	41	27	75
1972	2	2	42	27	73
1973	2	3	50	25	80
1974	1	3	34	15	53
1975	-	-	23	47	70
1976	-	3	48	39	90
1977	-	10	15	36	61
1978	-	6	18	28	52
1979	2	3	30	45	80

FORM OF PULMONARY TUBERCULOSIS (NEW AND RENOTIFICATIONS)

1979

Form of Pulmonary Tuberculosis	WHITE				COLOURED				BLACK				INDIAN			
	Hospital		Out-Patient		Hospital		Out-Patient		Hospital		Out-Patient		Hospital		Out-Patient	
	City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City
Unilateral	-	1	7	3	7	-	18	1	15	25	110	138	26	-	82	7
Bilateral	1	1	3	-	4	-	7	2	31	34	80	132	34	-	34	2
Unilateral Effusion	2	-	-	1	5	-	5	1	17	22	31	45	31	-	36	2
Bilateral Effusion	-	-	-	-	-	-	-	-	3	3	-	-	2	-	1	-
Unilateral Pulmonary Tuberculosis with Effusion	-	-	-	-	-	-	-	-	8	3	5	6	5	-	1	-
Bilateral Pulmonary Tuberculosis with Effusion	-	-	-	-	-	-	-	-	4	3	1	3	1	-	-	-
Unilateral plus Cavitation	-	-	4	-	14	-	14	-	23	42	52	96	14	-	29	2
Bilateral plus Cavitation	3	1	3	1	9	1	7	1	58	102	57	71	18	2	22	1
Unilateral plus Cavitation with Effusion	-	-	-	-	1	-	-	-	2	-	2	1	-	-	2	-
Bilateral plus Cavitation with Effusion	-	-	-	-	-	-	1	-	1	2	-	1	-	-	-	-
Primary Pulmonary Tuberculosis	-	-	1	-	10	1	11	1	10	6	17	3	4	-	32	-
Primary Pulmonary Tuberculosis with Effusion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Heaf (0-4 years) Chest Clear	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
Miliary Pulmonary Tuberculosis	-	-	-	-	1	-	-	-	1	1	-	-	1	-	-	-
Unspecified	-	-	-	-	3	-	1	-	2	1	4	5	9	-	14	1
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	6	3	18	5	54	2	65	6	175	244	359	501	145	2	253	15
	9		23		56		71		419		860		147		268	
	32				127				1279				415			

The age group analysis of these cases during 1979 was as follows:

Age	White	Coloured	Black	Indian	Total
0 - 4 years	-	-	1	1	2
5 - 14 years	-	1	-	3	4
15 - 24 years	-	-	7	7	14
25 - 44 years	-	-	10	22	32
45 - 64 years	2	2	11	5	20
65 and over	-	-	1	7	8
Total	2	3	30	45	80

Comment:

A further 11 cases were notified as suffering from concurrent pulmonary tuberculosis. Of this combined total of 91 cases the commonest conditions were:

Lymphadenitis	28
Bones and Joints	15
Meningitis	13
Peritonitis	9
Pericarditis	6
Endometritis	4
Other	<u>16</u>
	<u>91</u>

(ii) Deaths

Deaths from non-pulmonary tuberculosis corrected for inward and outward transfers were as follows:

Year	White	Coloured	Black	Indian	Total
1970	-	-	4	2	6
1971	-	2	5	6	13
1972	1	-	3	1	5
1973	-	-	7	3	10
1974	-	-	4	2	6
1975	-	-	5	2	7
1976	3	1	11	-	15
1977	-	-	1	2	3
1978	-	1	-	1	2
1979	-	-	2	2	4

Hospitalisation

A total of 321 patients suffering from pulmonary tuberculosis comprising six Whites, 51 Coloureds, 136 Blacks and 128 Indians were admitted to tuberculosis hospitals. Provincial hospitals initiated 281 and Municipal tuberculosis clinics 50 of these admissions.

Only 14 cases absconded but were all successfully followed up by field staff and treatment continued.

King George V Hospital

This large State tuberculosis hospital is situated in Durban and is where most of the local cases are admitted.

The following statistics for this institution were kindly supplied by the Medical Superintendent.

King George V Hosp.	White	Coloured	Black	Indian	Total
Beds	107	72	1338	114	1631
Admissions	86	178	3897	1213	5374
Discharges (including deaths, abscondments, etc.)	90	160	3816	1215	5281
Deaths	11	6	438	34	489

Clinic Services

The department operates all pulmonary tuberculosis clinics in the City and the following table reflects these venues. The recruiting of suitable medical staff remains extremely difficult and the position of Senior Clinical Medical Officer at the Durban Chest Clinic has now been vacant for three years.

NAME OF CLINIC	RACE	ATTENDANCE	X-RAY FACILITIES
CHATSWORTH TOWNSHIP CENTRE	Indian	Monday 10h00 - 15h00 Thursday 08h00 - 10h00 Friday 08h00 - 10h00	10h00 - 12h00 08h00 - 10h00 08h00 - 10h00
CHATSWORTH Bay View	Indian	Tuesday 08h00 - 10h00 Friday 10h30 - 15h00	08h00 - 10h00 10h30 - 12h30
PHOENIX Stonebridge	Indian	Monday 13h30 - 16h00 Wednesday 13h30 - 16h00	14h00 - 15h00 14h00 - 15h00
AUSTERVILLE	Coloured	Tuesday 10h30 - 12h30 Thursday 10h30 - 12h30	10h30 - 12h30 10h30 - 12h30
LAMONTVILLE	Black	Monday 08h00 - 10h00 Wednesday 08h00 - 15h30	08h00 - 09h30 08h00 - 12h30
MEREBANK	Indian	Tuesday 13h30 - 15h30 Thursday 13h30 - 15h30	14h00 - 15h30 14h00 - 15h30
DURBAN CHEST CLINIC	All Races	Mondays to Fridays 07h00 - 16h30	Mondays to Thursdays 07h00 - 16h00 Fridays 07h00 - 12h00

Clinic Statistics

The following statistics reflect work performed at departmental clinics and includes City and Ex-City cases:

Details	Durban Chest Clinic	Merebank	Bay View	Arena Park	Lamontville	Austerville	Phoenix	Total
Sessions	250	100	101	150	99	100	99	899
Attendances	91 243	2 436	4 794	8 082	6 354	3 369	2 171	118 449
BCG	3 147	132	334	433	347	125	203	4 721
X-Rays	66 777	513	932	1 670	1 229	879	584	72 484
Suspects seen	9 525	252	388	673	499	289	175	11 801
Contacts seen	1 242	109	265	505	264	260	141	2 786
Streptomycin injections	20 683	436	476	1 013	1 270	472	562	24 912
Tuberculin tests	1 866	287	663	923	822	289	307	5 159
Percentage read	64,0	72,0	87,0	81,0	83,0	75,0	64,0	74,2
Percentage positive	39,0	69,0	60,0	60,0	64,0	73,0	53,0	55,0

There was a considerable increase in attendances at the central clinic and a reduction at peripheral clinics. The former was due to the unusual numbers of influx control registration attendances following new statutory regulations together with the increase in outpatients being treated. The peripheral clinic reduction is mostly due to a combination of discontinuation of pre-BCG skin testing, and actual BCG immunisations performed coupled with a continued reduction in contacts and suspects being seen at these clinics. There has in fact been a 65% reduction in suspects (mainly) and contacts attending the Merebank, Chatsworth, Lamontville and Austerville clinics since 1976.

During the year, the following numbers of suspects and contacts were admitted to these clinics for the first time:

Durban Chest Clinic	Merebank	Phoenix	Chatsworth		Lamontville	Austerville	Total
			Township Centre	Bay View			
10 767	367	316	1 178	653	763	549	14 587

Investigation of these persons yielded the following cases of pulmonary tuberculosis:

Details	Durban Chest Clinic	Merebank	Phoenix	Chatsworth		Lamontville	Austerville	Total
				Township Centre	Bay View			
Cases of Pulmonary Tuberculosis	823	9	20	36	17	53	19	977
Pulmonary Tuberculosis cases as a percent of clinic admissions	7,6	2,54	6,32	3,05	2,60	6,94	3,46	6,7

Treatment

Emphasis continued to be on fully supervised outpatient care. Short intensive course regimes were introduced towards the second half of the year when Rifampicin became more freely available. This involved a great deal of effort on the part of both clinic and field staff in motivation, particularly in industry, towards supervision at work.

By September some 35 companies had offered facilities through factory-nurses or visiting doctors for such supervision, as well as the administration of Streptomycin injections. This, in addition to a further 15 Municipal family health clinics, provided wide scope for this policy.

All medicines were supplied from the Durban Chest clinic. No difficulties have been experienced with any of the regimes at present in use. Liver function tests prior to, and during, the use of Rifampicin were initially carried out but were shown to be unnecessary.

The standard treatment is Rifampicin and I.N.H. for six months with Pyrazinamide and Streptomycin for the initial three and four months respectively.

Routine tests for glycosuria in all new cases brought to light eleven unknown diabetics while some six known diabetics were notified.

Patients with alcohol problems remained difficult to manage due to unreliability, poor nutrition and frequent change of occupation or home address.

Both these conditions constitute the majority of cases admitted to hospitals from municipal clinics.

Management of New City Cases

Initial Notifications	No.	Outpatient treatment at municipal clinics	Hospitalized
Municipal clinics	453	400	53 = 11,7% (39% in 1978)
Provincial Hospitals	281	53	228 = 81% (77% in 1978)

Inpatient therapy is carried out principally at the large local State hospital, King George V, or at Charles James Santa Centre south of the City.

Fourteen City cases were reported as hospital absconders. All were traced by department field staff and continued treatment as outpatients at Municipal clinics.

Six months chemoprophylaxis with INH, recently combined with Ethambutol, is given to all children classed as home contacts of positive sputum index cases with particular emphasis on smear positives. The degree of compliance, however, is open to doubt.

BCG is administered to those children remaining skin test negative thereafter.

BCG Administration and Schools Programme

The following numbers of BCG immunisations were administered during the year:

Venue	Numbers	
Municipal clinics	4 721	(9 737)
Schools programme	19 066	(17 384)
Provisional/Maternity Hospitals	26 527	(25 509)
Total	50 314	(52 630)

Mantoux testing was re-introduced as stocks became available and was then the diagnostic test of choice in the clinics.

Pre-BCG tuberculin testing in babies was finally discontinued at clinics and actual BCG reaction was taken as an indicator of existing immune response. It was notable that no cases of severe reaction occurred in any child given BCG at the Municipal clinics while less than 5% had no significant reaction and BCG administration was repeated.

The marked reduction (52%) in clinic BCG immunisations was a result of negligible referrals from family health clinics for repeat BCG booster in pre-school children.

Schools BCG Programme:

The Heaf test continued to be performed prior to BCG administration. Absentees during Heaf testing were automatically given BCG on the second visit. No cases of active pulmonary tuberculosis were detected. The following table sets out the details of the school programme:-

School	Number Tested	Number Read	0	1	Absent on test	B.C.G. given	2	3	4 refer for Xray
Coloured High Schools	759	713	128	507	30	665	64	14	-
Coloured Primary Schools	1 327	1 245	952	246	154	1 352	42	5	-
TOTAL	2 086	1 958	1 080	753	184	2 117	106	19	-
Indian High Schools	6 488	6 176	1 580	4 279	378	6 861	247	58	11
Indian Primary Schools	8 434	7 990	5 270	2 536	634	8 458	141	28	2
Indian Home						34			
TOTAL	14 922	14 166	6 850	6 815	1 012	15 353	388	86	13
Black High Schools	611	561	57	294	67	418	136	69	5
Black Primary Schools	864	732	391	295	30	716	40	6	-
TOTAL	1 475	1 293	448	589	97	1 134	176	75	5
Europeans (Home)						49			
GRAND TOTAL	18 483	17 417	8 378	8 157	1 293	18 653	670	180	18

Field Control Programmes:

A staff of two White Community Health Nurses and, under the control of a Health Inspector a further eight Indian and 10 Black Health Assistants are responsible for referring contacts and suspects, tracing defaulters and assisting with welfare problems. A total of 29 992 field visits were carried out during the year.

Case Finding Surveys:

The five large Black male hostels were screened again this year. Each hostel (total population \pm 15 000) had a mobile X-ray unit in attendance for three sessions from 15h00 to 18h30, spread over two weeks to improve the cover for shift workers.

The programme was initiated with a Health Education promotion on two evenings preceding the X-ray session. Standard symptomatology was applied to attract suspects. This approach undoubtedly results in an economy of X-ray plates compared with mass screening. The results are shown below and are compared with 1978.

	1979	1978
X-rays Taken	1 057	782
Active pulmonary tuberculosis		
Positive sputum	18	21
Active pulmonary tuberculosis		
Negative sputum	—	2
Reactive Positive sputum	—	5
Pleural Effusion	1	2
Primary Complex	1	2
Suspect Active Pulmonary Tuberculosis untraced	2	16
TOTAL	22	48
% of X-rayed	2,1%	6%
Inactive pulmonary tuberculosis	29	32
Current known pulmonary tuberculosis	1	3
Bronchial Carcinoma	1	2
Sarcoid	1	—
Cardiovascular disease	5	18

The disadvantage of having no developing facilities in the mobile unit was again obvious though to a much lesser degree in that only two likely cases were untraceable by the following morning despite the streamlining of the processing and film reading by the Durban Chest Clinic.

It was interesting to note that all parenchymal disease detected had a positive smear suggesting a rather ominous epidemiological aspect to such high density populations. More frequent or periodic visits are being considered. Some measure of reassurance, however, could be gained by the absence of detectable tuberculosis in all contacts examined. The solitary hostel contact reported earlier was not related to the survey.

The symptom frequency is remarkably similar in parenchymal disease.

Presenting Symptoms	1979		1978	
	Number	%	Number	%
Chronic Productive Cough	20	100	44	100
Weight Loss	15	75	28	63,6
Chest pain	9	45	16	36,4
Night sweats	7	35	12	27,3
Shortness of Breath	4	20	8	18,2
Loss of Energy	2	10	8	18,2
Haemoptysis	3	15	2	4,5
Family History of Pulmonary Tuberculosis	2	10	4	9
Personal History of Pulmonary Tuberculosis	-	-	4	9

The above incidence pattern is also found in sample surveys of cases notified at municipal clinics.

Night sweating is probably a universal complaint in Durban's climate, but it is interesting to note the relatively high proportion of chest pain, most of which is of a vague nature. The traditional haemoptysis remains well down the list and is even less frequent in clinic attenders.

This type of information is of great value in case finding methods including health education.

Domiciliary Assistance:

Tuberculosis cases and dependants received assistance from the two main local welfare organisations to the extent of:

N.A.T.B.A.	R15 318,00	(16 185)
F.O.S.A.	R17 681,00	(17 435)

Much of the background work and recommendation for benefits is performed by City Health Department field staff.

V. VENEREAL DISEASES

Although the term "Sexually Transmitted Disease" now appears to be fashionable, cases recognized and treated as Venereal Disease at this department's clinic are those as listed in the quarterly returns made to the Department of Health, Welfare and Pensions.

This department operates one "Special Clinic" only which is a large clinic in the grounds of King Edward VIII Hospital serving the Indian and African communities and staffed by three full-time doctors. Whites and Coloureds are attended to at Addington Hospital in the Casualty Department. This arrangement replaced the "Special Clinic" which operated separately in a secluded part of the hospital grounds until 1975. It is unsatisfactory in that statistical records are inadequate and figures that are available indicate a much lower attendance rate of new cases compared to prior years.

NEW CASES

The total number of new cases (City and Ex-City) during 1979 was 31 808 compared to 25 286 the previous year, an increase of 25,8%. This includes both venereal and non venereal disease patients.

The following table sets out new City cases only for 1969, 1978 and 1979 with the corresponding attack rates:

NEW CITY CASES						ATTACK RATE PER 100 POPULATION				
Year	White	Coloured	Black	Indian	Total	White	Coloured	Black	Indian	Total
1969	548	336	14 309	869	16 062	0,29	1,04	6,83	0,31	2,26
1978	279	168	11 828	364	12 539	0,12	0,12	11,86	0,09	1,66
1979	341	31	15 714	214	16 300	0,15	0,05	15,33	0,06	2,17

TOTAL ATTENDANCES

Total attendances of City and Ex-City cases during 1979 was 69 744 compared to 56 599 in 1978.

The adjoining statistical summary sets out details of new cases and total attendances for 1979.

STATISTICAL SUMMARY : CITY AND EX-CITY PATIENTS TREATED IN 1979
(Venereal and non-venereal diseases)

Details	WHITE		COLOURED				BLACK				INDIAN				TOTAL		Grand Total
	City		City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City	City	Ex-City	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	City	Ex-City	
			M	F	M	F	M	F	M	F	M	F	M	F	City	Ex-City	
New Cases	263	78	10	21	2	-	13 149	2 565	9 530	5 941	193	21	30	5	16 300	15 508	31 808
Total Attendance	263	78	27	22	6	1	30 078	6 114	19 500	13 124	412	49	52	18	37 045	32 699	69 744

CLINIC SERVICES

Addington Hospital

As mentioned above full statistics are not available in respect of this service. It is presumed that the majority of patients attend private medical practitioners. The following statistics have been received from Addington Hospital:

Race	New Cases			Total Attendances		
	Male	Female	Total			
Whites	263	78	341	No follow-up recorded		
Coloureds	-	15	15			
Total	263	93	356	263	93	356

Congella Clinic (King Edward VIII Hospital)

Recruiting of suitable medical staff for this clinic remains extremely difficult. Temporary support is, however, obtained from tuberculosis clinic staff. The workload has increased during the past year creating great pressures not only for staff but also emphasizing the lack of adequate building facilities.

New cases and total attendances at the Congella Clinic during the year were:

Race	New Cases			Total Attendances		
	Male	Female	Total	Male	Female	Total
Coloureds	12	6	18	33	8	41
Blacks	22 679	8 506	31 185	49 578	19 238	68 816
Indians	223	26	249	464	67	531
Total	22 914	8 538	31 452	50 075	19 313	69 388
Grand Total Addington & Congella Clinics	23 177	8 631	31 803	50 338	19 406	69 744

This represents a 25,77% increase in new cases and a 23,23% increase in total attendances over the previous year.

Whilst there was a fair increase in the number of new cases of syphilis the greatest increase was in respect of gonorrhoea in Black males which increased from 3 975 in 1978 to 8 443 new cases during 1979. On the other hand there were fewer cases of chancroid, L.G.V. and no cases of granuloma inuinale.

The adjoining table sets out the details of the various diseases diagnosed at the Congella Clinic during the year.

TREATMENT

To date, no true penicillin resistant gonococci or spirochaetes have been demonstrated although a few cases of the former have shown diminished sensitivity both clinically and on culture.

An increasing feature is the co-existence of gonococcal and non-gonococcal urethritis where the gonorrhoea clears after routine penicillin yet the urethritis persists. This is considered to be due to the presence of chlamydia although it has not yet been possible nor practical to confirm this. Clinical response to tetracycline and to no other single or combination of antibiotic, together with the absence of any bacteria in the specimen has been the basis of this diagnosis. Improved methods of identification are being pursued.

Standard State Department of Health regimes are employed, notably:

- (a) Syphilis: Primary and Secondary: 2,4 mega units Benzanthine Penicillin repeated in one week if patient returns.

Latent: As above but maximum effort is made to achieve the repeat dose.

Altogether 6 918 injections were administered.

- (b) Gonorrhoea: 3,0 mega-units Procaine Penicillin, plus 1gm. Probenecid in females.

In all 9 699 injections were given.

- (c) Ulcus molle and Lymphogranuloma: Sulphadimethoxine 1 gm. daily for two weeks.

250 000 tablets were dispensed (this included treatment for other diseases).

Most cases of Ulcus molle were also given an initial dose of Streptomycin 2gm. and in all 1246 injections were given.

ANTENATAL CASES

Patients are referred from King Edward VIII Hospital. The following tests were performed:

Clinic	Patients	Positive V.D.R.L.	% Positive
Congella	347	55	15,85

CONTACTS

Regular health education talks are given to patients to encourage attendance of consorts with the index patients clinic number being given on a form. A total of 8 426 such forms were issued and 1 264 (15%) contacts attended.

DEFAULTERS

Defaulters are followed up wherever possible and 4 362 visits were made to refer them to clinics. The extent of the problem and success of follow up are indicated hereunder:

Defaulters requiring follow up	3 282
Defaulters visits (including revisits)	3 917
Number of defaulters who re-attended	1 480 (45,09%)

LABORATORY EXAMINATIONS(a) Departmental Side-room - Microscopy

Urethral and vaginal smears and male spun urine deposits are examined by the Gram stain method for N.gonorrhoeae.

Smears..... 28 080 examined with
9 351 positive (33,3%)

Urine deposits 5 019 examined with
139 positive (2,77%)

(b) Routine serology is performed at the municipal clinic on all persons attending, and of those presenting with no suggestion of syphilis, some 900 proved to have significantly positive V.D.R.L. and F.T.A. tests. All responded to routine penicillin treatment.

On surveillance syphilis patients are reviewed at two monthly intervals.

Primary and secondary stages show a steady decline in V.D.R.L. titres after two months but thereafter a low titre tends to stabilise at a 1 or 2 dilutions titre for an indefinite period. Surveillance is discontinued at this point, which is normally after one year.

However, the F.T.A. in such stages has diminished rapidly after treatment becoming negative usually by 4 - 6 months.

Generally the F.T.A. test is performed if there is any doubt in activity as false positive V.D.R.L. up to 8 dilutions are not uncommon. Equally, well developed primary lesions may have a negative V.D.R.L. at that stage but, in local experience, always a positive F.T.A.

The Currie Road State laboratory performed 35 363 V.D.R.L. tests during the year of which 6 482 (18,33%) were positive. In addition 1 261 F.T.A. tests were done of which 795 (63,05%) were positive.

VENEREAL DISEASES IN DURBAN DURING 1979
ANALYSIS OF CLINIC ATTENDANCES : BLACK AND INDIAN

(N. 8. This table refers to number of diseases diagnosed and NOT number of cases)

DETAILS	NEW CASES						TOTAL ATTENDANCES					
	Black		Indian		Total		Black		Indian		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
1. Sero-negative primary syphilis	-	-	-	-	-	-	10	3	-	-	10	3
2. Sero-positive primary syphilis	572	156	1	-	573	156	1 547	478	4	-	1 551	478
3. Secondary syphilis	364	793	7	2	371	795	840	1 953	9	3	849	1 956
4. Tertiory syphilis (clinically recognised)	3	6	-	-	3	6	10	12	-	-	10	12
5. Latent syphilis (diagnosed on result of serological test alone)	706	854	16	2	722	856	2 657	2 512	42	9	2 699	2 521
6. Neuro-syphilis	1	-	-	-	1	-	3	-	-	-	3	
7. Congenital syphilis (under 1 year)	4	4	-	-	4	4	8	14	-	-	8	14
8. Congenital syphilis (over 1 year)	1	-	-	-	1	-	7	4	-	-	7	4
TOTAL SYPHILIS	1 651	1 813	24	4	1 675	1 817	5 082	4 976	55	12	5 137	4 988
9. Gonorrhoea	8 310	1 155	133	9	8 443	1 164	17 582	2 910	261	26	17 843	2 936
10. G. C. vulvo-vaginitis	-	2	-	-	-	2	-	3	-	-	-	3
11. G. C. ophthalmia	2	5	-	-	2	5	3	13	-	-	3	13
TOTAL G. C. INFECTIONS	8 312	1 162	133	9	8 445	1 171	17 585	2 926	261	26	17 846	2 952
12. Ulcus Molle	1 385	97	19	2	1 404	99	3 370	211	42	2	3 412	213
13. Lymphogranuloma venereum	48	18	1	-	49	18	132	44	3	-	135	44
14. Granuloma inguinale	-	-	-	-	-	-	1	5	-	-	1	5
15. Venereal Warts	761	171	1	-	762	171	1 588	407	7	-	1 595	407
16. Non-specific urethritis	4 773	2	20	-	4 793	2	9 711	6	54	-	9 765	6
TOTAL - VENEREAL DISEASES	16 930	3 263	198	15	17 128	3 278	37 469	8 575	422	40	37 891	8 615
17. Non-venereal diseases	5 923	5 302	27	12	5 950	5 314	12 801	10 810	58	29	12 859	10 839
GRAND TOTAL	22 853	8 565	225	27	23 078	8 592	50 270	19 385	480	69	50 750	19 454
TOTAL OF RACES	31 418		252		31 670		69 655		549		70 204	

VI. FAMILY HEALTH

A. MATERNAL HEALTH

1. FAMILY PLANNING

(i) Motivation

The family planning advisers under the guidance of the family planning liaison officer continued to promote the concept of planned parenthood and to encourage members of the public to make use of the free contraceptive services offered at the City's clinics. An Indian and African Senior Adviser assist with the supervision and control of 19 advisers.

Training of Family Planning Advisers

Nine newly appointed advisers each underwent the required three week training course conducted by the Department of Health in Pretoria. This training includes medical and sociological aspects of contraception, techniques of conducting face-to-face motivational interviews as well as the addressing of public groups.

On their return from training the Senior Advisers supervise the advisers closely and give guidance in the practical application of the theory studied. After an adviser is capable of working alone, in-service training is maintained at regular intervals.

Five day refresher courses are held each year under the direction of the Senior Liaison Officer from the Department of Health. Not only is knowledge updated, techniques of public speaking improved and approaches to motivation reviewed but the enthusiasm of the staff is also enhanced.

Field Motivation

Each adviser is allocated to a particular area and it is her responsibility to link each family with the local Family Planning Clinic. She does this primarily by visiting from house to house.

In a face-to-face discussion with the women in their own home the adviser presents the advantages of planned and wanted pregnancies and advocates the use of modern contraception. A total of 22 249 women were interviewed viz: 2 526 Coloureds, 12 699 Indians and 7 024 Blacks. Revisiting of those needing further advice and assistance required a further 6 704 visits.

The advisers also arranged talks and film shows in their areas with a view not only to motivating those present but also encouraging them to accept their responsibility as members of the community in spreading

the idea of Family Planning to others. These talks numbered 183 and were presented to 3 538 persons. A total of 746 requested referral to a clinic.

Included in these talks were those given to women visiting their husbands who are resident in hostels. Although many of these women are from rural areas and often illiterate, motivation has been significantly successful and possibly a valuable contribution is being made to areas beyond the City's boundaries.

Clinic Motivation

Where necessary family planning education to mothers attending Family Health clinics was also given. This type of activity remained limited as the nurses at these clinics are already strained fulfilling that role. None the less talks were given to 5 431 women in 294 groups and 1 478 received individual counselling.

Hospital Motivation

Experience has shown that there is an important role for the adviser to play in the busy wards and outpatient departments of several local hospitals. The opportunity of presenting talks to captive audiences whose very presence signify their interest in health is being utilised. A high number of pregnant women have requested sterilisation immediately after delivery as a direct result of advisers' guidance.

One adviser still works full time at the R.K. Khan Hospital, and others part-time at King George V, St. Aidens and McCord Zulu Hospitals. A total of 1 058 talks were given to 26 896 people with 5 664 being referred for contraceptives methods or sterilisation.

Places of Employment

(a) Female Motivation

Working in conjunction with the department's mobile family planning clinic service, the advisers have conducted motivational work in factories and other places of employment. In most instances, it is during the lunch break that employers have permitted advisers to spend time talking to small groups. Although 764 talks were given to 12 802 and 1 250 accepted notes of referral, difficulties were encountered. Attitudes to family planning are of a very personal nature and any negative views are difficult to counteract satisfactorily in the noisy, crowded canteens in the short 20-25 minute lunch break. Greater success has been achieved in the few instances where managerial staff permit small group discussions during work time.

(b) Male Motivation

Attempts at recruiting a suitable male adviser remain unsuccessful. Assistance has been sought from the Health Education section, Tuberculosis Health Assistants and the State Health male adviser, resulting in 25 motivational lectures being given to 1 196 men. Most of these have been conducted during work time. Feedback in the area of the work has been very positive.

During this past year 10 firms have presented family planning during existing in-service training programmes, and/or it is being promoted by influential employees who have undergone a three-day male motivational course.

Surveys

The advisers have assisted with the completion of 560 survey questionnaires. The one survey was a genetic survey conducted by the Human Sciences Research Council, and another a follow-up on women sterilised at King George V Hospital during the years 1975 - 1978.

Sterilisation Service

Sterilisation, as a permanent method of birth control is offered free of charge at Provincial Hospitals provided patients are referred from a family planning clinic.

Bookings for this operation at King George V Hospital are controlled by this department and one adviser has been allocated solely for this task. She is responsible for finalising bookings, counselling both husband and wife and ensuring that each couple are adequately prepared for admission to hospital. The field staff play an important role in follow-up of cases needing further motivation or assistance in obtaining consents.

The number of requests received by this centre alone totalled 1 212. There has been a slight drop in the number of requests from Indians but there is a very encouraging rise in requests from Blacks i.e. 77,6% from Indians, 19,6% from Blacks and 2% from Coloured. A total of 995 people were hospitalised for sterilization.

Teaching Media

Extensive use has been made of the 16mm projector and the family planning motivational films. Daily use is also made of flip-charts to demonstrate the anatomy and physiology of the reproductive system.

The Black advisers have successfully presented a family planning play on a number of occasions. This is a very effective education medium which should be considered for more extensive use in the future.

Symposium

A symposium entitled "Family Planning - a Community Responsibility" was held in the departmental auditorium and attended by approximately 90 Social Workers and representatives from commerce and industry and various religious organisations. This was an attempt to increase awareness of the family planning services available and the need for community involvement if the family planning programme is to be successful.

Liaison Officer

The Liaison Officer is responsible for programme planning and implementation as well as for the analysis and evaluation of statistical data and work performed. She supervises fieldwork and allocates duties to the appropriate advisers.

Feedback from fieldstaff, by means of regular meetings helps to maintain a sensitivity to the changing demands and priority needs of the different communities in regard to fertility control.

Close liaison is kept with colleagues in the Department of Health, and the Family Planning Association. Contacts are made in commerce and industry, and in public and voluntary organisations in a continued attempt to increase awareness of the vital importance of Family Planning for the health and welfare of all communities.

(ii) Clinic Services

Family planning clinics although an integral part of family health services are run as a specialist service operating in the main concurrently with child health clinic sessions. Services are offered at three venues for Whites, seven for Coloureds, four for Blacks and seventeen for Indians. Three additional clinics were opened during the year : one for Coloureds at Newlands East, one for Indians at Redfern Phoenix Township and one for Whites at Hillary.

Certain of these clinics operate as distribution points for repeat oral contraceptives and long-acting injectable contraceptives only. This type of service is offered at one of the White clinics, two of the Coloured clinics and five of the Indian clinics mentioned above.

Except for the clinic at Montanne House all family planning clinics operate from Mondays to Fridays from 08h00 to 16h30. The former operates from 07h00 to 17h00 Mondays to Fridays and 08h00 to 12h00 on Saturdays.

Details of clinic sessions and attendance at all departmental family planning clinics are tabulated below:

Community and Venue	Sessions	First Attendance	Re-Attendance	Total 1979	Total 1978
<u>White</u>					
Montanne House	552	508	12 614	13 122	8 429
Warwick Avenue	149	147	2 202	2 349	2 990
Hillary	20	6	71	77	-
Total	721	661	14 887	15 548	11 419
<u>Coloured</u>					
Austerville	222	90	4 183	4 273	4 383
Mayville	50	20	483	503	645
Montanne House	552	68	2 563	2 631	2 032
Newlands East	144	17	545	562	-
Red Hill	55	7	728	735	844
Sparks Estate	232	54	1 753	1 807	2 132
Warwick Avenue	100	12	624	636	876
Total	1 355	268	10 879	11 147	10 912
<u>Black</u>					
Chesterville	202	151	1 781	1 932	2 084
Lamontville	259	250	3 562	3 812	3 979
Lancers Road	146	543	6 555	7 098	6 117
Montanne House	552	1 698	25 924	27 622	25 431
Total	1 159	2 642	37 822	40 464	37 611
<u>Indian</u>					
Asherville	100	60	2 666	2 726	3 673
Bayview	298	76	7 812	7 888	8 108
Clairwood	104	59	1 664	1 723	1 839
Clare Estate	200	66	4 228	4 294	3 937
Clayfield	102	37	1 122	1 159	23
Greenbury	198	43	1 516	1 559	395
Lancers Road	298	63	6 040	6 103	7 859
Mayville	91	27	611	638	265
Merebank	273	114	6 735	6 849	8 377
Montanne House	552	167	5 517	5 684	6 356
New Farm	100	27	546	573	1 086
Newlands	246	53	3 012	3 065	3 256
Redfern	22	8	188	196	-
Red Hill	56	38	1 355	1 393	34
Stonebridge	256	41	2 475	2 516	3 529
Township Centre	452	164	14 500	14 664	15 192
Woodhurst	296	34	6 388	6 422	7 181
Total	3 644	1 077	66 375	67 452	71 110
Grand Total	6 879	4 648	129 963	134 611	131 052

The slight overall increase in attendances at family planning clinics in 1979 was in particular attributable to the increased demand by the White community at Montanne House clinic. It is disappointing that total attendances by the Indian community in fact decreased compared to 1978. There was a slight increase in Coloured and Black attendances.

As women year coverage is a more accurate statistic for estimating true family planning coverage, including tubal ligations, the department introduced on 1 January 1977 a simple attendance register at all its clinics from which women months covered was easily extracted. By expressing the total number of women years as a percentage of the number of fertile women (i.e. 15 to 44 years) in each population group a better idea of coverage is obtained. These statistics are reflected in the following table:

Year	Percent Population : Coverage		
	Coloured	Indian	Black
1977	17,2	21,4	Not available
1978	18,5	23,6	27,1
1979	20,8	22,5	29,3

Comment

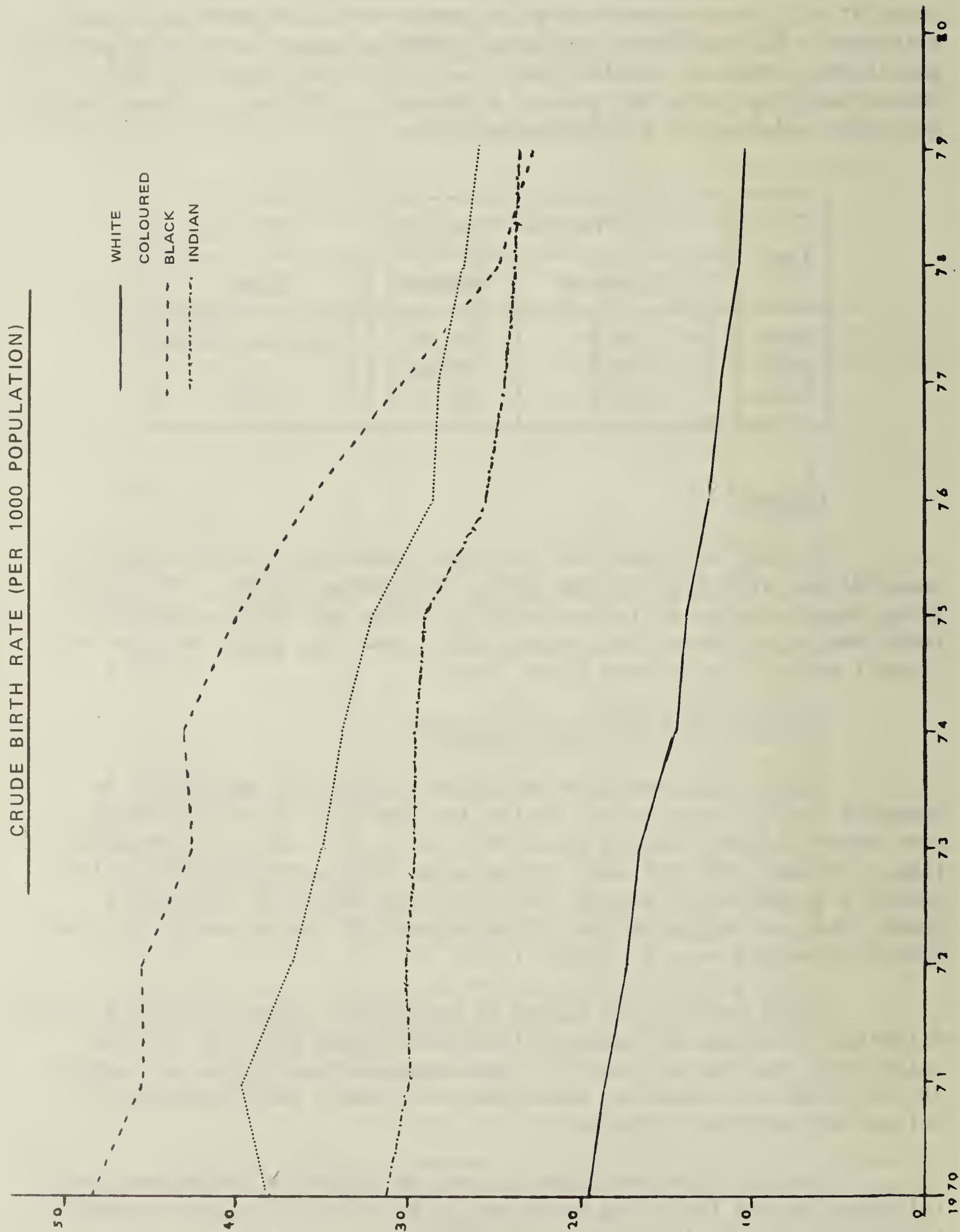
It will be noted that the best coverage is being achieved among Blacks with the Coloured group increasing slowly. The Indian group seem to be on a plateau which is borne out by the adjacent table depicting crude birth rates which show this group to have the slowest reduction in crude birth rates.

Services at Places of Employment

Clinics are conducted at various places of employment in commerce and industry mainly during tea and lunch breaks although some concerns are allowing these services to operate during working time. Besides oral and long acting injectable contraceptives being issued a departmental doctor visits certain places of employment where there are suitable facilities to perform the necessary medical examinations and even to insert I.U.D.'s.

There are now 211 places of employment receiving this service. A further 14 places of employment provide family planning services using their own nursing staff. These organisations obtained supplies of contraceptives from the department and submit monthly statistics reflecting services rendered.

Details of attendances at various places of employment are reflected in the following table and it is pleasing to note a marked increase in total attendances over 1978.



Population	First Attendances	Re-Attendances	Total 1979	Total 1978
White	22	409	431	298
Coloured	57	2 060	2 117	1 716
Black	251	6 316	6 567	4 676
Indian	372	11 946	12 318	10 501
Total	702	20 731	21 433	17 191

Training Courses

Practical training for students undertaking the Department of Health's course in family planning is provided at Montanne House clinic. One hundred and twenty seven nurses received this training during the year of which five Coloured, three Indian and one Black were from City Health Department.

2. MATERNITY SERVICES

(i) Antenatal Clinics

An antenatal clinic is conducted once a month for those women who wish to be confined at home by private registered and enrolled midwives who are listed and authorised to practise in Durban in terms of the Health Act.

A doctor is in attendance at these clinics and medical examinations and serological tests are carried out on all patients while exfoliative cytology smears are also taken from selected patients.

Although this is a rapidly diminishing service it still serves a need for residents in certain Indian areas where hospital services are not readily accessible. During 1979 the service was used by Indian women only.

Details of clinic sessions, attendances are reflected in the table below:

Details	Indian	Total 1979	Total 1978
Sessions	49	49	49
First Attendances	17	17	42
Re-Attendances	53	53	76
Total	70	70	118

Details of serological and exfoliative cytology tests are reflected in the following table:

Details	Total 1979	Total 1978
Haemoglobin	18	38
Rhesus factor	18	36
Kolmer NDRL	18	33
Exfoliative Cytology	19	33

(ii) Supervision of Listed Midwives

Listed midwives are supervised by departmental Senior Community Health Nurses who instruct them in the legal requirements of their practice and carry out regular inspections of their registers and equipment. Patients are visited both antenatally and post-natally from time to time to ensure safe and proper standards of practice. A total of 17 antenatal and 18 post-natal visits were carried out. In addition 38 visits were undertaken to midwives in their homes and 124 inspections of registers and equipment were carried out.

The table below reflects the number of confinements undertaken by registered and enrolled midwives during the year:

Details	Total 1979	Total 1978
Registered Midwives	4	5
Enrolled Midwives	33	66
Total	37	71

(iii) Facilities for Maternity Cases

Accommodation for confinement in hospital is provided at Provincial and Private Hospitals. Details of the number of beds available at these institutions are reflected in the following table:

Institution	White	Coloured	Indian/ Black	Total 1979	Total 1978
<u>1. Provincial Hospitals</u>					
Addington	27	38	-	65	80
King Edward VIII	-	-	244	244	244
R. K. Khan	-	-	89	89	42
<u>2. Private Hospitals</u>					
Mother's	46	-	-	46	42
McCord's	-	-	60	60	60
Parklands	35	-	-	35	34
Shifa	-	-	8	8	8
St. Aidan's	-	-	32	32	32
St. Augustine's	29	-	-	29	29
Total	137	38	433	608	571

(iv) Cervical Exfoliative Cytology

The Durban municipality provides a service whereby "PAP" smears taken by private medical practitioners from women resident in Durban are submitted to this department for examination free of charge. These examinations are performed by the cytology unit of the Natal Provincial Hospital Laboratory Service at a cost which is borne by the City Council. In addition PAP tests on selected women attending departmental family planning and antenatal clinics, these are examined free of charge by the Department of Health Laboratory Services.

The total number of new and repeat cytology examinations, and the number of confirmed malignancies are set out in the following tables:

Year	Total Examinations	Repeat Examinations	Confirmed Malignancy
1975	18 770	7 420	13
1976	18 681	6 250	22
1977	17 373	6 874	26
1978	16 795	6 584	38
1979	16 550	6 242	16

EXFOLIATIVE CYTOLOGY

EXAMINATIONS

YEAR : 1979

AGE GROUP IN YEARS	WHITES			COLOURED			BLACKS			INDIANS			TOTALS		GRAND TOTAL	CONFIRMED MALIGNANCY	
	Initial	Repeat	Total	Initial	Repeat	Total	Initial	Repeat	Total	Initial	Repeat	Total	Initial	Repeat		1979	1978
Under 30	2 941	1 890	4 831	80	20	100	204	50	254	836	60	896	4 061	2 020	6 081	5	1
30 - 39	1 804	1 837	3 641	129	17	146	505	66	571	1 485	228	1 713	3 923	2 148	6 071	5	23
40 - 49	880	984	1 864	28	13	41	117	33	150	275	108	383	1 300	1 138	2 438	2	7
50 - 59	425	549	974	3	3	6	1	0	1	28	16	44	457	568	1 025	1	-
Over 60	223	213	436	2	1	3	1	0	1	6	6	12	232	220	452	3	4
Not Stated	233	132	365	6	0	6	25	5	30	71	11	82	335	148	483	-	3
TOTAL	6 506	5 605	12 111	248	54	302	853	154	1 007	2 701	429	3 130	10 308	6 242	16 550	16	38

B. CHILD HEALTH SERVICES

1. CLINICS

Child health services embrace infant care and child development, immunisation and health education. They are conducted at 43 venues throughout Durban. Nine of these are purpose-designed clinics; five situated in Indian areas, one in the Coloured Township of Austerville, one for Blacks in Chesterville and two centrally situated for Whites, one of which is also used for Coloureds. The balance of the 34 clinics are run from halls and in the case of Phoenix Indian Township from houses in the Scheme.

Two new clinics were opened during the year. One at Newlands East Coloured Township where a rapidly growing population soon required two full day clinics a week, and the second at Phoenix Indian Township with the completion of the community area of Redfern.

In October the purpose-built clinic at Chesterville was handed over to the City Council by Port Natal Regional Board, the opening of which was celebrated as part of the promotion of Health Year.

A total of 5 416 clinic sessions were conducted at departmental clinics throughout the year and there was a total of 265 915 attendances for all race groups. Thus although there were 254 more clinic sessions than the previous year there were over 47 000 fewer attendances. Over and above any staff shortages it is recognised that with a diminishing total number of births from year to year the workload is accordingly reduced.

Details of clinic sessions and attendances at individual clinics are set out in the following four tables according to population group:

WHITE

Venue	Sessions	Attendances
Bellair	23	533
Brighton Beach	48	1 440
Cunningham Road	12	293
Durban North	51	3 816
Fynnlands	51	3 157
Hillary	28	1 271
Mayville	49	1 331
Montclair	50	3 765
Old Fort Place	50	1 046
Overport	51	2 672
Point	49	2 406
Red Hill	27	293
Seaview	49	1 026
St. Jame	50	2 844
St. Mary's	50	2 801
Warwick Avenue	200	6 807
Wentworth	50	1 793
Woodlands	50	1 516
Total 1979	938	38 810
Total 1978	935	40 754

COLOURED

Venue	Sessions	Attendances
Austerville	201	17 955
Mayville	50	2 350
Newlands East	135	4 209
Red Hill	51	2 423
Sparks Estate	200	7 471
Warwick Avenue	100	2 030
Total 1979	737	36 438
Total 1978	605	39 866

BLACK

Venue	Sessions	Attendances
Chesterville	202	7 601
Lancers Road	149	7 703
Lamontville	387	16 190
Total 1979	738	31 494
Total 1978	756	41 101

INDIAN

Venue	Sessions	Attendances
Asherville	100	7 746
Bayview	298	21 523
Clairwood	100	6 497
Clare Estate	200	12 297
Clayfield	109	4 304
Greenbury	198	5 538
Lancers Road	280	8 579
Mayville	98	3 766
Merebank	260	12 607
Newlands	257	10 495
New Farm	100	2 314
Redfern	22	797
Red Hill	56	5 538
Stonebridge	277	5 699
Township Centre	348	35 565
Woodhurst	300	15 908
Total 1979	3 003	159 173
Total 1978	2 866	191 298

The continued popularity of the Red Hill Clinic serving the areas of Avoca, Kenville and Greenwood Park resulted in the need to operate a further clinic on Fridays which began in December.

2. SUPPLEMENTARY FEEDING SCHEMES.

The intention of supplementary feeding is to assist parents to provide the necessary proteins for their children within their financial means. Children in receipt of supplementary feeding are carefully assessed and their progress is monitored. The following schemes are administered by this Department:

(i) State Subsidised Feeding Scheme

The department obtains P.V.M., and skimmed milk powder from this scheme. P.V.M. is sold at 20 cents per 400gm packing which is sufficient for a two week supply and skimmed milk is sold at 10 cents per 500gm packing which is sufficient for one week's supply. Some issues are given free of charge.

The table below reflects the distribution of these commodities:

Population Group	P.V.M. sold	P.V.M. Free	Skimmed Milk sold	Skimmed Milk free	Total Issues
Coloured	233	52	411	8	704
Black	362	115	732	37	1 246
Indian	577	110	1 129	2	1 818
Total 1979	1 17	277	2 272	47	3 768
Total 1978	2 324	754	1 041	102	4 211

(ii) Malnutrition Relief Fund

This fund is a registered welfare organization supported by the Community Chest. Full cream milk is available for sale at 20 cents per 500gm packing and Pronutro at 10 cents per 500gm packing.

Full cream milk is issued to infants under one year old and Pronutro to pre-school children of all ages.

The table below reflects the distribution of these commodities:

Population Group	Full Cream Milk - Sold	Pronutro Sold	Pronutro Free	Total Issues
White	537	-	-	537
Coloured	3 305	3 336	-	6 641
Black	3 723	2 792	-	6 515
Indian	7 602	7 863	12	15 477
Total 1979	15 167	13 991	12	29 170
Total 1978	17 424	15 332	197	32 955

(iii) Feed the Babies Fund

This fund provides protein supplements free of charge to children of extremely poor or indigent families. Protein supplements are issued in the form of skimmed milk powder and Pronutro cereal and are given to toddlers and pre-school children in 500gm packings.

The table below reflects the distribution of these commodities:

Population Group	Pronutro	Skimmed Milk	Total Issues
White	346	282	628
Coloured	5 503	2 384	7 887
Black	4 312	1 289	5 601
Indian	12 395	4 154	16 549
Total 1979	22 556	8 109	30 665
Total 1978	17 262	4 767	22 029

3. DEATHS ASSOCIATED WITH MALNUTRITION INCLUDING KWASHIORKOR

The table below sets out deaths associated with malnutrition including kwashiorkor for children under five years of age with local city cases indicated separately from imported cases except for 1970.

Year	White	Coloured		Black		Indian	Total City	Total all Cases
	City	City	Imported	City	Imported no trace	City		
1970	-	-	-		30	-		30
1971	-	1	-	5	33	1	7	40
1972	-	4	-	7	20	1	12	32
1973	-	-	1	1	10	-	1	12
1974	-	1	-	6	9	-	7	16
1975	-	1	-	7	11	-	8	19
1976	-	-	-	9	27	1	10	37
1977	1	-	-	3	44	1	5	49
1978	-	2	-	3	6	2	7	13
1979	-	1	-	-	4	2	3	7

The seven deaths were investigated and three (two Indian and one Coloured) were found to be Durban cases. The remaining four (all Blacks) came from surrounding rural areas and could not be traced.

4. HOME VISITING

Promotion of health is a long term process which is not necessarily related to any type of crisis intervention but depends for its effectiveness on a continuing relationship with families in the community over a number of years. Home visiting is the most effective means of establishing and maintaining contact with families who are not experiencing active illness, and of introducing preventive health services to them.

All new births from Provincial and Private hospitals as well as those confined by general practitioners are notified to the department and the family is visited as soon as possible after discharge from hospital. A total of 12 930 visits or 24,29% of all home visits were undertaken in connection with new births by Community Health Nurses during the year.

A detailed analysis of home visits and the reasons therefor is set out in the following table:

HOME VISITING BY FAMILY HEALTH STAFF

YEAR ENDED: 31 December 1979

Community	Number of Premises Visited	I N V E S T I G A T I O N S													
		New Births (a)	Behaviour Problems (b)	Routine (c)	Family Planning (d)	Defaulters Family Planning (d1)	Feeding Advice (e)	Illness (f)	Immunisation (g)	Mental Health (h)	Health Education (i)	Miscellaneous (j)	Wasted (k)	Geriatric (l)	TOTAL
White	12 003	2 521	63	1 698	55	90	484	301	464	339	362	2 265	3 578	83	12 303
Coloured	7 827	2 005	53	1 668	173	289	166	256	1 392	76	93	840	2 110	57	9 178
Black	6 040	709	8	681	145	669	118	210	1 000	99	156	671	2 038	87	6 591
Indian	24 309	7 695	15	758	801	1 896	93	123	4 144	58	172	2 355	7 039	1	25 150
Total 1979	50 179	12 930	139	4 805	1 174	2 944	861	890	7 000	572	783	6 131	14 765	228	53 222
Total 1978	48 749	12 092	125	8 095	769	3 363	898	880	8 605	471	330	3 690	11 673	217	51 208

5. LIAISON WITH OTHER AGENCIES

(i) Registered Child and Family Welfare Societies

Referrals are received from all registered Child Welfare Societies in Durban and reports on the health of children are submitted to the societies concerned. In addition reports are regularly submitted to these societies in respect of protected infants.

Investigations	White	Coloured	Black	Indian	Total 1979	Total 1978
Referrals	82	14	-	37	133	68
Protected Infants	93	13	22	79	207	73
Total	175	27	22	116	340	141

(ii) Addington Hospital Paediatric and Obstetric Departments

Referrals are received from Addington Hospital for follow-up and after care services in respect of children, or mothers and infants with specific problems. Some of those referred from the Paediatric department are also in connection with suspected or actual non-accidental injury.

Details of referrals from the Paediatric and Obstetric Departments of Addington Hospital as set out in the table below:

Referrals	White	Coloured	Total 1979	Total 1978
General paediatric cases	56	18	74	106
Non-accidental injury	77	42	119	
Obstetric (Post-natal)	91	7	98	20
Total	224	67	291	126

This is a rapidly growing service with the total number of referrals received in 1979 (291) more than doubling those received in 1978 (126).

C. IMMUNISATION SERVICE

Immunisation is a vital measure in the control of infectious and communicable diseases. To achieve as high a coverage as possible vaccines are administered free of charge and immunisation services are available at all child health clinics. In addition an immunisation service is offered at Old Fort Place clinic on Saturday mornings from 08h00 to 12h00.

Children attending registered creches and pre-primary schools in Coloured, Indian and Black areas are checked annually and immunised when necessary. Children attending these institutions in White areas are checked on admission and referred to the clinics and private general practitioners in their areas as required. All children resident in Children's Homes are checked and immunised annually.

The school immunisation teams visit all schools annually to administer booster doses of diphtheria and tetanus vaccine to all Class 1 children, and booster doses of tetanus vaccine to all Standard 2 children. Rubella vaccine is administered to certain standard 6 girls.

Details of the number of schools, pre-school institutions, and Children's Homes visited are reflected in the following table:

Institution	White	Coloured	Black	Indian	Total 1979	Total 1978
High Schools	19	4	4	32	59	59
Primary Schools	70	18	5	112	205	191
Creches/Pre- Primary Schools	2	-	10	-	12	10
Children's Homes	3	6	-	3	12	15
Total	94	28	19	147	288	275

1. Smallpox Vaccination

During the year a directive was received from the Department of Health stating that compulsory smallpox vaccination would no longer be required for persons living in South Africa. However, vaccination against smallpox continued on request until supplies were depleted.

The number of vaccinations administered in the department is reflected in the following table:

Vaccination	White	Coloured	Black	Indian	Total 1979	Total 1978
Primary	1 592	1 663	1 460	9 765	14 480	16 744
Re-vaccination	38	45	4	41	128	917
Total	1 630	1 708	1 464	9 806	14 608	17 661

2. Poliomyelitis Vaccination

The following table reflects an analysis of poliomyelitis vaccine administered during the year:

Age Group	Dose	White	Coloured	Black	Indian	Total
Under 1 year	1st	2 327	1 441	1 583	9 038	14 389
	2nd	2 205	1 343	1 196	8 576	13 320
	3rd	2 116	1 194	891	8 141	12 342
	4th	902	786	463	5 760	7 911
		7 550	4 764	4 133	31 515	47 962
1 - 4 years	1st	76	69	246	498	889
	2nd	93	71	309	454	927
	3rd	156	128	376	627	1 287
	4th	1 548	1 944	1 720	6 929	12 141
		1 873	2 212	2 651	8 508	15 244
5 - 9 years	1st	60	57	20	121	258
	2nd	43	40	10	89	182
	3rd	51	37	5	101	194
	4th	263	333	28	83	707
		417	467	63	394	1 341
10 - 19 years	1st	33	84	8	108	233
	2nd	39	62	4	72	177
	3rd	25	40	1	46	112
	4th	176	234	-	79	489
		273	420	13	305	1 011
20 years and over	1st	41	1	1	6	49
	2nd	23	-	-	-	23
	3rd	22	-	-	-	22
	4th	21	-	1	-	22
		107	1	2	6	116
Grand Total		10 220	7 864	6 862	40 728	65 674

The total for 1978 was 59 739. Hence there was an increase of 5 935 doses administered in 1979 compared with 1978.

3. Combined Diptheria-Pertussis-Tetanus Vaccine

The combined triple antigen is administered to children up to the age of three years. The following table reflects the number of doses given during the year:

Age Group	DWT Dose	White	Coloured	Black	Indian	Total
Under 1 year	1st	2 218	1 407	1 645	8 872	14 142
	2nd	2 146	1 334	1 212	8 497	13 189
	3rd	2 068	1 214	920	8 020	12 222
		6 432	3 955	3 777	25 389	39 553
1 - 6 years	1st	28	36	182	231	477
	2nd	48	42	217	180	487
	3rd	91	76	324	284	775
	Booster	1 468	1 226	525	7 898	11 117
		1 635	1 380	1 248	8 593	12 856
Grand Total		8 067	5 335	5 025	33 982	52 409

A total of 56 775 doses were administered in 1978.

4. Combined Diptheria and Tetanus Vaccine

This combined vaccine is administered to children over the age of three years, and is mainly used to give booster doses of vaccine to school entrants.

The table below reflects an analysis of the doses of vaccine administered according to age group in 1979:

Age Group	DT Dose	White	Coloured	Black	Indian	Total
Under 1 year	1st	12	8	4	7	31
	2nd	17	11	2	6	36
	3rd	28	11	4	3	46
		57	30	10	16	113
1 - 6 years	1st	29	49	116	296	490
	2nd	34	38	75	252	399
	3rd	41	22	78	179	320
	Booster	271	186	363	872	1 692
		375	295	632	1 599	2 901
School Age	1st	13	32	12	84	141
	2nd	23	28	9	58	1 118
	3rd	9	21	1	24	55
	Booster	2 057	1 434	1 121	7 973	12 585
		2 102	1 515	1 143	8 139	12 899
Grand Total		2 534	1 840	1 785	9 754	15 913

A total of 17 905 doses were administered in 1978.

5. Tetanus Vaccine

Tetanus vaccine is administered mainly to school children in Standard 2.

The table below reflects an analysis of the doses of tetanus vaccine administered to both school children and adults:

Age Group	Dose	White	Coloured	Black	Indian	Total
School Age	1st	24	24	14	47	109
	2nd	4	8	4	34	50
	3rd	-	7	-	18	25
	Booster	2 355	1 517	469	8 826	13 167
		2 383	1 556	487	8 925	13 351
Adults	1st	20	-	14	6	40
	2nd	12	-	9	2	23
	3rd	8	1	-	-	9
	Booster	13	-	1	1	15
		53	1	24	9	87
Grand Total		2 436	1 557	511	8 934	13 438

The total number of doses of vaccine administered in 1978 was 13 512.

6. Measles Vaccine

This vaccine is given to children up to the age of four years. In accordance with a Department of Health directive a special effort was made to publicise the necessity for young children to be immunised against measles and to reach those children who had not been immunised in infancy. However, as this department has been consistently administering this vaccine to infants since 1972 the figures for 1979 do not show any dramatic increase which will be the case in areas where this vaccine had not been previously administered.

The table below reflects an analysis of the number of doses administered according to age group:

<u>MEASLES</u> - (1 dose only)	White	Coloured	Black	Indian	Total
Under 1 year	674	950	614	6 038	8 276
1 - 4 years	960	598	429	2 463	4 450
Total	1 634	1 548	1 043	8 501	12 726

A total of 10 563 doses of vaccine were administered in 1978.

7. Rubella Vaccine

This vaccine is administered to certain Standard 6 schoolgirls only, a total of 1 061 doses being given during the year. The total number of doses administered in 1978 was 1 140.

In addition, in conjunction with Addington Hospital Obstetric Department, this vaccine is also administered post-natally to selected women.

8. Typhoid Control

Clinics are conducted twice weekly at Old Fort Place Clinic for vi-testing and subsequent immunisation against typhoid fever of selected foodhandlers. The table below reflects the number of vi-tests carried out on foodhandlers:

Vi-tests	White	Coloured	Black	Indian	Total 1979	Total 1978
Blood samples	16	1	565	41	623	348

In addition to the immunisation of foodhandlers typhoid vaccine is administered regularly at all clinic sessions to the inhabitants of the Newlands area as the use of water from the Umgeni River in this area constitutes a continual threat.

The table below reflects an analysis of the number of doses of typhoid vaccine administered during the year to both foodhandlers and non-foodhandlers:

TAB Vaccine	White	Coloured	Black	Indian	Total
1st dose	149	2	1 146	903	2 200
2nd dose	94	1	879	503	1 477
Booster	3	-	232	108	343
Total	246	3	2 257	1 514	4 020

9. Cholera Immunisation

Due to the continued threat of cholera being introduced into Natal from Mozambique in particular, cholera vaccine is administered to sewerage workers in the City Engineer's Department.

The following table reflects the number of doses of cholera vaccine administered during the year:

Cholera Vaccine	White	Coloured	Black	Indian	Total 1979
1st dose	130	1	1 123	656	1 910
2nd dose	110	2	971	579	1 662
Total	240	3	2 094	1 235	3 572

D. PSYCHIATRIC AFTER-CARE SERVICES

(i) Clinics

The department makes certain of its clinics available to the Department of Health who run psychiatric out-patient services once a week at Austerville clinic for Coloureds and twice a week at both Unit 2 and 10 clinics in Chatsworth for Indians. These latter services replaced the Unit 6 clinic service in February 1979.

(ii) Home visiting

Routine home visits are carried out to all uncomplicated conditions in White patients discharged from the psychiatric units at King George V and Addington Hospitals. These visits are undertaken within a week after discharge from hospital to assist the patient to his initial adjustment at home. Visits are also carried out to refer defaulters to clinic.

Referrals from King George V Hospital commenced in July 1979 and a combined total of 205 referrals were received from both this hospital and Addington Hospital during the year, 62 (30,24%) of which were in respect of defaulters. A total of 335 home visits were undertaken in respect of White psychiatric patients during 1979.

Follow-up visits to clinic defaulters in the Chatsworth area continued during the year and a total of 31 visits were undertaken in respect of 25 referrals received.

E. GENERAL

1. Creches, Places of Care, and Day Care Centres

In addition to registration with their respective government departments these premises are also licensed by the City Council as places of business. The City Health Department provides the health clearance certificate for both registration and licensing procedures, and is responsible for the ongoing supervision of health aspects.

This is achieved by routine visits being carried out every three months by the Community Health Nurse in the area.

2. Child Minders

Persons providing full and half day care for six or less infants and pre-school children are licensed as child minders and the department inspects these premises and provides a health clearance certificate for licensing purposes. These premises are also

kept under constant surveillance by the Community Health Nurse in the area on a three monthly basis.

Details of inspections carried out in respect of registration and licensing of creches, Places of Care, Day Care Centres, and child minders are set out in the following table:

Details	Place of care	Child Minders	Total 1979	Total 1978
Proposed New Premises	31	19	50	31
Registration/Licensing	14	4	18	4
Illegal Premises	3	1	4	-
Investigation or complaints	-	1	1	10
Total	48	25	73	35

3. Old Aged Homes

The department is responsible for the health aspects of these institutions and inspections for registration are carried out in conjunction with the Department of Social Welfare and Pensions. Five inspections were carried out for the purpose of registration. Three of these were in respect of accommodation for frail aged. Two new wings had been completed on existing old aged homes accommodating 34 and 39 persons respectively and a third increased existing accommodation from 40 to 47 persons. One existing old aged home built extensions to accommodate an additional 13 elderly men, and a new old aged home was registered in the Morningside area to accommodate 54 elderly people.

4. Student Training

The department provides facilities for the practical training of medical, nursing and paramedical students from universities, hospitals and Colleges of Advanced Technical Education. Each student spends a varying amount of time in the department ranging from a few hours to a number of days and weeks observing clinic and field functions.

The number of nursing students receiving practical training at the department remains consistently high. However, while the actual number of students attending the department is the same as that for 1978, time spent in the department has increased by 1 754 hours.

Category	White	Coloured	Black	Indian	Total Students 1979	Total Hours
University Natal B.Soc. Sc. (Nursing) Hons.	2	-	-	-	2	384
4th year B.Soc. Sc. (Nursing)	9	-	-	-	9	576
B.A. Cur. UNISA	6	1	1	-	8	158
Diploma in Nursing Admin.	2	-	-	-	2	16
Diploma in Nursing Educa- tion	5	-	18	1	24	960
Diploma in Community Health Nursing	11	4	30	6	51	5 872
Diploma in Midwifery	93	-	137	40	270	2 248
Integrated Diploma in Nursing	18	-	-	-	18	144
3rd year Diploma in General Nursing	18	1	-	83	102	816
2nd year Diploma in General Nursing	5	-	40	53	98	612
2nd year Enrolled Auxiliary Nurses	-	-	-	50	50	200
3rd year National Diploma in Public Health	8	-	-	-	8	64
Total 1979	177	6	226	233	642	12 050
Total 1978	133	3	316	192	644	10 296

5. STAFF

(i) Re-organisation

A new post of Coloured Senior Community Health Nurse was created as part of re-organisation of the health section and the incumbent is responsible for the day to day management and supervision of all Coloured clinics and field services.

In addition three new Community Health Nurse posts, three Clinic Sister posts and one assistant post for Coloureds were created and filled.

(ii) Study Leave

(a) Diploma in Nursing Administration and Community Health

One White Community Health Nurse was granted 18 months study leave to undertake this course at the University of Port Elizabeth.

(b) Diploma in Psychiatric Nursing

One Black Community Health Nurse was granted a years study leave to undertake this course at Fort Napier Hospital. Four Community Health Nurses, one in each group, have now obtained this additional qualification.

(c) Learner Community Health Nurses

A total of six Learner Community Health Nurses was appointed for 1979 academic year.

2 White, both from within the service

2 Indian, both from within the service

2 Coloured, one of whom was from within the service and the other from outside.

All six candidates successfully completed the course.

(iii) In-Service Training

Community Health Nurses have weekly case conferences with a monthly lecture from a Paediatrician and a fortnightly lecture from a Psychiatrist or clinical psychologist throughout the year. In addition 25 White Community Health Nurses underwent a two week in-service training course in the psychiatric units of King George V Hospital and Addington Hospital in order to be properly prepared for the psychiatric home visiting service.

6. LECTURES, SEMINARS, SYMPOSIA, CONFERENCES

Staff are encouraged to attend lectures, seminars, symposia and conferences relevant to their field of work. A number of these relating to various aspects of community health, child care and family life were attended during the year.

7. HEALTH YEAR 1979

Staff of the family health section participated in a wide variety of functions designed to promote Health Year.

(i) Symposia

One morning and two evenings symposia were arranged in conjunction with White Neighbourhood Groups. The first two were held on 16 and 17 March and the theme was 'A Healthy Community Cares and Shares.' The morning symposium was very well attended by 200 housewives and the programme included such topics as the role of the Health Visitor, aspects of nutrition, the use and abuse of medicines available over the counter and a general discussion on the question 'Is a Happy Housewife Fact or Fantasy?' led by Mrs. Penny Rey (Penny Coelen - former Miss World). The evening symposium took the form of a forum discussion by a panel of experts under the Chairmanship of the City Medical Officer of Health Dr. C. R. Mackenzie on the subject of 'The role of the Parent in the development and education of the child'. This was attended by 300 young parents. The second evening a symposium entitled 'Our Child in Your Hands' was held in September and attended by 200 young parents.

Four afternoon symposia were arranged at Lamontville during May and were very well attended. The themes encompassed: Maternal and Child Health, Family Planning, the Objectives of a Family Health Service, and Community Problems and Resources.

Prior to the opening of the new Chesterville Clinic, four one-day symposia were arranged on Sundays in May, June, July and August. The themes included mental health, nutrition, alcoholism and smoking and family planning. The symposia proved to be very popular and were well attended by the residents of Chesterville and their community leaders.

Coloured Community Health Nurses participated in organising a one-day symposium in September for elderly persons in the Sparks Estate area in conjunction with the Community Liaison and Health Education sections of the department. The symposium was extremely well attended by the older citizens ably supported by their children and grandchildren. The theme of the symposium was 'Growing Old adds Life to Years'. A role play on the physical, mental and social aspects

of aging was written and presented by the Community Health Nurses followed by a discussion led by the Clinic Medical Officer. Other items on the programme included a role play by the family planning motivators, musical items, community singing, and various competitions with prizes.

(ii) Clinic Open Days

Thirty-nine open days were held at various clinic venues throughout the City and Township areas. These included 14 White, 5 Coloured, 3 Black and 16 Indian venues, as well as the family planning clinic at Montanne House. Attendances at these functions were gratifyingly high ranging from 200 in the smaller clinics to 3 000 in the larger centres particularly in Black and Indian Townships.

Programmes for open days were arranged in response to community requests and expressed interests and carried a wide variety of topics e.g. aspects of child care and development, nutrition, home safety, first aid, family planning, dental care, immunisation, tuberculosis - prevention and treatment, problems of adolescence and alcoholism. These were presented by means of talks, demonstrations, role plays and films. Posters, photographs, pamphlets and displays produced and arranged by the family health, health inspectorate and community liaison sections covered the various health themes as well as the functions of the department, and a showing of the 'Silent Guardian' was well received by all communities. Book displays by the library department at many clinics in support of various health themes engendered a great interest in reading material available. Health quizzes and the presentation of prizes added both fun and interest to the proceedings.

International year of the Child formed part of Health Year themes at all clinics and pre-school and school children were particularly catered for in open day programmes. In many clinics children participated in the presentation of certain themes and topics through the media of drama, song and dance, while at others there were special story telling sessions, puppet shows, fancy dress competitions, treasure hunts and fun-runs. At several clinics drum majorettes comprising primary school girls participated in the opening procedures.

Local schools in many areas showed great interest in open days and arranged to bring classes of children to the clinic. Average attendances of school children exceeded 500 at each open day.

Local businessmen provided good and services covering such things as prizes for health quizzes and various competitions, printing of programmes, stickers and special handouts, and a wide variety of refreshments to mention but a few examples.

Health Year culminated in December in an open day at City Health Department Headquarters, Old Fort Place, entitled 'Health Year Highlights'. This comprised a selection of the best visual displays, role plays, and songs which had been produced for the 39 clinic open days throughout the year. The presentations covered all aspects of community and environmental health care as well as the functions of the department. The willing and eager participation by communities of all race groups was once again most gratifying. Approximately 3 000 people attended the function among whom were representatives of State Health Department, Provincial Hospitals, voluntary organisations, and other municipal departments. Refreshments were served to all visitors and participants by courtesy of His Worship the Mayor and highlights of the day included the mayoral address, the presentation of a drum to the primary school in Chesterville which had provided the drum majorettes for the opening of the new Chesterville clinic, and an address by the City Medical Officer of Health. A photographic display of all Health Year functions presented by the Health Education section was enthusiastically viewed by both staff and visitors.

VII. COMMUNITY LIAISON.

Though this section commenced and ended the year with a complement of six Community Liaison Workers the intervening months saw much fluctuation in the staff position. Four applicants were appointed to the section, one to a senior post. During the course of the year there were four resignations, one of these from the holder of the senior post. Two of those who resigned left to pursue their studies further.

This is a comprehensive report of developments that have, in spite of staff shortages, taken place over the past year. All projects to which reference is made were initiated by and are being maintained by this section.

Health Year.

The response and degree of involvement by the community in the furtherance of the Health Year programme was most heartening, particularly in the Indian areas of Merebank, Chatsworth and Phoenix. Maximum community involvement was encouraged and obtained at practically all clinics holding 'special days' to commemorate Health Year. Women's groups, neighbourhood groups, special interest groups and community leaders produced displays of handcrafts, toymaking, dressmaking, demonstrations of pottery making and keep-fit exercises. Women's groups assisted in the preparation, provision and serving of refreshments and in some instances even provided child care facilities to enable mothers of infants and young children to participate freely in the activities of the day.

1. COMMUNITY PROJECTS

(i) W.I.P. (Wentworth Improvement Project)

At the request of W.I.P. and in conjunction with the University of Natal Community Project (U.N.C.P.), a draft constitution was drawn up for this body and U.N.C.P.'s function in relation to W.I.P. was clarified. Separate banking accounts were opened in the name of W.I.P., and of each body affiliated to W.I.P., and weekly financial statements were presented to U.N.C.P.

Eager to develop the open space area at the corner of Austerville Drive and Woolraad Road (Lot 219) with the permission of the Department of Community Development who own the land, W.I.P. called upon a service body for assistance with the preparation of plans. Durban Rotary presented imaginative plans for the proposed development of this Lot as well as for the open space areas within the Assegai group housing. These plans were presented to W.I.P. by the Rotary guest speaker at their Annual General Meeting in May.

Refuse bins, painted and numbered were placed by W.I.P. at strategic points in the area and particularly in those areas which have been developed by W.I.P. Following a successful appeal by W.I.P. these bins are now serviced regularly by the Department of Community Development.

Highlight of activities in November was a parade and soccer tournament organised to promote W.I.P.'s aims and engender a community spirit through entertainment and fund raising. The function was a tremendous success. It was well publicized by press and radio, financed by local businessmen and Lions International and supported by the City's Parks, Recreation and Beaches Department and the South African Police. In all 30 teams participated and R100 went to the winning team. Gang warfare has aroused the communities' awareness of the need to come to grips with this problem. Affiliated to W.I.P. are the following:

- (a) Austerville Youth Club (A.Y.C.) U.N.C.P. placed a male student with the club for his practical community work course, and he assisted members who were actively engaged in raising funds for the renovation of the Jute Hall. Although fund raising functions took place in 'territory' occupied by an 'opposing gang' no unpleasant incidents took place - a most encouraging aspect. A management committee was formed to assume responsibility for the running and renovation of the club house. Membership dwindled considerably towards the end of the year as most members found employment again, mostly as semi-skilled workers in the carpentry and welding trades.
- (b) Assegai Recreational Committee The Department of Community Development responded favourably to a request by this group to develop areas of open space in the Assegai area. Detailed plans drawn up by a local service body for a tennis court and an adventure playground were submitted to the Department of Community Development.
- (c) Commodores So numerous were requests for membership that the club was forced to introduce an age limitation of 14 - 22 years. Joint usage of the clubhouse by both the Commodores and the Crusaders worked out satisfactorily and an amicable agreement was arrived at for the payment of rent and electricity charges.

- (d) Crusaders Concerned mainly with sporting activities such as hockey and soccer as well as fund raising, the activities of this group ceased temporarily towards the end of the year when the leader suffered domestic problems.
- (e) Girls Teen Club This is a newly formed handcrafts group busy fund raising for W.I.P.
- (f) Status (Euphrates) Youth Club Assisted by the Templehood of Sister David this newly formed group have, in conjunction with the Commodores Club, activated a Youth Council aimed at leadership training courses and general education of young people.

(ii) Welfare Group

Membership increased and members have been enthusiastic in their efforts to assist needy families in the area. Services provided by the group include home nursing, poor relief, registration of births and deaths, ensuring entrance to, and attendance of children at school, assistance with budgeting and housekeeping as well as advice on a wide range of domestic and personal problems. Some members volunteered to render a 'home help' service initiated by Addington in conjunction with U.N.C.P. Most members belong to Al-anon and motivated many afflicted women in the area to attend regular meetings of Al-anon. The group were also trained to identify and refer cases to welfare agencies. Following an informal survey, 15 people are now being employed at Lifelong Care, a non-profit making organisation providing employment/ services for handicapped persons. Illegitimacy, a constant problem prompted members to attend a three day motivation course run by the Family Planning Association. The group also started a physical exercise session for its members and these proved very popular. There remains an urgent need for premises from which this very dynamic group can further their work.

(iii) Good Cheer Women's Group

Meets bi-weekly at the Austerville Clinic. Membership increased and interests have become more diversified with great emphasis being placed on fitness. A physical instructor took the group for regular sessions and these in turn gave rise to the establishment of a softball team.

(iv) Beaunoir Women's Group

This is a group of Catholic women who met regularly for bible study and who approached this section for the introduction of group activities.

(v) Durban Senior Citizens Association

This is now a registered welfare organisation entitled to raise funds to extend activities. Successful negotiations between various community bodies and the Department of State Health resulted in the establishment of a regular twice monthly geriatric clinic at the Austerville Community Centre. Tea is served by D.S.C.A. members and the clinic was well patronised by recipients of the old age and war veterans pensions. Preliminary investigations are in hand by the association regarding the possibility of establishing a home for the aged and frail aged in Austerville.

- (a) Happy Hearts Club: This social club run by the D.S.C.A. meets bi-weekly. Activities in the main are centred on handcrafts which were exhibited at the City Hall during Honour our Aged week. TAFTA donated a piano to the club and this proved a most welcome acquisition. Five members of the club were elected to attend meetings of the Durban Senior Citizens Association and this made for better co-ordination. A catering and handwork committee were also appointed.

(vi) Creche Committee

This body was formed with the express intent of erecting a creche to accommodate approximately 50 children. A successful application was made to operate under the aegis of the Durban Child and Family Welfare Society's W.O. number. A survey was undertaken by students of the U.N.C.P. to underline the need for a creche and an assessment of building and maintenance costs is awaited before a decision can be made as to whether to proceed with this project or not.

2. SPARKS ESTATE

The acquisition of a Coloured Community Liaison Worker made it possible to start operating in this area again.

(i) York Place Women's Group

In spite of general apathy these women were motivated to form a club and it was obvious that their main common concern at the lack of directional and recreational activities for their children was instrumental in bringing them together. After the children of York Place attended wildlife outings there was a marked change in attitude; efforts were made to attend meetings and to bring materials for handcrafts.

(ii) Sydenham Heights Women's Group

Common concern for the need to establish playgroups/games centres for children resident in the Sydenham Heights flat complex brought these women together and prompted the conduct of a survey to elicit the number of children involved. Results showed that this was a very real need. Several very successful outings were arranged to the circus and its wildlife reserves for the children. However, attendance at weekly meetings dwindled for lack of a venue in which to meet.

(iii) Sydenham Seniors Sunshine Club

Close co-ordination has been effected between this club and the Durban Senior Citizens Association. The Sydenham club is now officially represented on the D.S.C.A. The group consists of about 50 persons who meet twice weekly at St. Theresa's Home for handcrafts. Members have also formed a committee to visit the ill and disabled. A lavish Christmas dinner was arranged by the Sydenham Seniors Sunshine Club for all aged persons living in Sparks Estate.

(iv) Capricorn Youth Club

This club ceased to function during the year.

(v) Holiday Programme

A committee was formed to draw up a holiday programme for the youth of the area. These were very successful and attendances were recorded averaging 200 children each day. Both the Health Education section and the Wild Life Society were actively involved in these programmes.

3. NEWLANDS EAST

(i) Women's Improvement Group (W.I.G.)

These women are concerned with the 'introduction of improvements to the area that will benefit the community as a whole'. In conjunction with the Residents Committee this group embarked on a survey to assess the number of grantees and pensioners in the area with a view to the distribution of food hampers to those in need. During the year many families were assisted in this way. The group also concerned themselves with the organisation of holiday programmes for children.

(ii) Nursery School Project

With the approval of the Department of Community Development a duplex unit was made available for use as a nursery school/play centre. However, a maximum of 10 children only could be accommodated on these premises and as the community member interested considered it would not be worth her while financially she did not pursue her project.

(iii) Chicago Youth Club

Growing rapidly, this group is becoming more cohesive and discussion programmes centred upon family planning, crime, alcohol and drug abuse. A camping programme was organised by the group for the September holidays.

(iv) Self Defence Class

A volunteer from Amanzimtoti provided weekly classes in self defence for which the clinic premises were used.

4. MELBOURNE ROAD

Many activities previously held at the Melbourne Road flats had ceased due mainly to the transfer of some tenants to Newlands East and to the fact that this section has been very short staffed. Soccer and snooker clubs continued to exist however. After a long absence from the area contact was again established.

(i) Women Who Care

This newly formed group met regularly for handcraft activities and discussions on general topics e.g. family planning and adolescent problems. Aimed at fostering family cohesion several very successful fund raising functions have been held, the proceeds of which have been channelled to benefit the youth groups. Women who care worked closely with the latter to provide holiday activities for the children and in the presentation of a Christmas play and carols in the courtyard of the Melbourne Road flats.

(ii) Melbourne Road Youth Club (Junior)

Approximate membership 25. Activities include indoor and outdoor games, outings and sports activities.

(iii) Young Adult Club

Formed by young men and women of whom many are unemployed. Educational projects and family planning were the subject of interesting discussions.

5. PHOENIX(i) Free Eye Clinic

With the assistance of this section the South African National Council for the Blind ran five full day eye clinics which were well attended.

(ii) Planned Interruptions to Electricity Supply

Following complaints by Phoenix residents arrangements were made whereby the Community Liaison Officer is informed of intended interruptions and whatever media is available is used to inform residents of the break in supply. This is over and above the normal procedure followed by the Electricity Department.

(iii) Phoenix Pensioners Club

In March this body became a registered welfare organisation although it remained a branch of the Durban Association for Indian Aged.

(iv) Fairlawn Social Club

This new club for boys has membership of 30 and meets regularly at the Temporary Community Centre for indoor games. This group was very actively involved in the running of popular holiday programmes for school pupils.

(v) Self Defence Classes

Members of Rape Crisis provided weekly classes at the Greenbury Clinic.

(vi) Phoenix Hindi Patshala

Since its inception this vernacular school has made remarkable progress. It is now affiliated to the Hindi Dharam Sabha and acquitted itself very well at the annual Natal Hindi eisteddfod.

(vii) Phoenix Music School

Indian music and dancing classes were given regularly at the Temporary Community Centre on Sunday afternoons.

(viii) Up and Coming Women's Circles

Using the Greenbury Clinic as a venue for arts and crafts lessons, membership increased markedly when very popular dressmaking classes were introduced.

(ix) Clayfield Women's Group

Membership of this club which met at the local clinic dropped due to the cost of materials for art projects. Members were also unable to make any contribution towards the travelling costs of the voluntary art instructor. This is a problem common to all clubs and one which is threatening their viability as volunteer instructors are finding travelling costs burdensome.

(x) Each one Teach one Women's Group

In an effort to reach out to the women of the nearby low cost sub-economic housing scheme regular talks and film shows on nutrition and home economics were given by a member of the National Nutrition Advisory Services Board at the Phoenix Temporary Community Club

(xi) Redfern Women's Group

Although newly formed this group participated in a display of handcrafts at the open day function at Stonebridge Clinic.

(xii) Saiva Sithanda Sungam Tamil School

Formed relatively recently this school acquitted itself very well both at the Durban Eisteddfod and at the Children's Day Music Festival at which all branches of the Sungam from both Durban and Pietermaritzburg took part. The Adult music group operating under the

aegis of this school were placed second in the adult choir section of the Natal Tamil Vedic Society's annual eisteddfod. The group was in great demand and provided a voluntary service at funerals and at the sixteenth day ceremonies for the deceased.

(xiii) Stonebridge Tamil School

This school was started in a private home in September and membership quickly rose to 40.

(xiv) Phoenix Health Year Committee

Assisted by the Community Liaison Worker active in the area this body held a very successful gala sports day on 10 October 1979 to commemorate Health Year. Over 2 500 attended. Demonstrations of karate, yoga and body building drew enthusiastic crowds, while drum majorettes from the Verulam High School put on a spectacular display. Meals for 2 500 people were provided by volunteers from Isipingo, who also assisted in obtaining sponsors. The committee decided to make this an annual event.

(xv) Phoenix Garden Club

The City Engineer's Department provided a water supply to the area and pegging of 180 individual plots was undertaken by the Department of Parks, Recreation and Beaches. Regrettably several of the taps installed by the City Engineer's Department were subsequently wantonly vandalised. In spite of press and radio publicity this project made little or no progress. In an attempt to get this project off the ground and to disassociate it from 'the Corporation', circulars were drawn up for distribution to the 100 or so families resident on the periphery of the Phoenix Garden Club project area. Printed on letterheads of the Parks, Recreation and Beaches Department residents were advised that the area in question had been suitably prepared for development and had been officially handed over to the Phoenix Garden Club. Even these measures aroused little interest and only five people subsequently began developing plots. This was disappointing as the project appeared to be a valuable one.

6. NEW FARM

(i) Cassim Mahomed Play Centre

A successful application was directed by the Parents Committee of this centre to the Urban Foundation to erect latrines and wash hand basins to serve the Play Centre. Costing over R1 000 this took the form of an out-of-hand grant to the Parents' Committee. Film shows were held regularly by the Parents' Committee to raise funds for the teacher's salary. Monthly fees were reduced from 40c to 20c per month per child

in order to accommodate more children from the R5 cottage area. Anonymous donors pledged R15 per month to assist the school which was sorely in need of finances. Social work students of the University of Durban Westville donated R222 to start a feeding scheme for the school and a generous donation of benches, tables and play equipment was made by the Durban North Round Table.

(ii) R5 Cottages

Residents were motivated to dig 12 pit latrines i.e. one for each family. Previously there were only two pit latrines to serve 150 people. Donations of timber were received from a firm of local demolishers for the erection of these toilets.

(iii) Road repairs

Over the school holidays a group of eight school children formed themselves into a work-gang to effect repairs to the badly pot-holed road approaching New Farm.

(iv) New Farm Women's Group

Following the introduction of a volunteer from one of the Phoenix Women's Groups to teach string art, membership increased appreciably. One member of the group completed training with Operation Up-Grade who provided the course free of charge.

7. MEREBANK

(i) Navy Women's Circle

Members overcame their initial reluctance to swim in mixed company and thereafter spent three mornings a week at the Municipal baths. Several women attended dressmaking and hairdressing classes at the M.L. Sultan College. There were noticeable and progressive steps towards independence and self sufficiency. A volunteer provided creative activities for children enabling mothers to attend meetings unhindered.

(ii) Navy Senior Citizens Club

This was started initially by the Navy Women's Circle, members of this club assumed increasing responsibility for their own programmes. Meetings were well attended but the popularity of this club remains due in no small measure to the very active interest and involvement of the Navy Women's Circle. Approximately 150 elderly people attended their first anniversary and Christmas party. Generous donations towards the functions were received from local concerns.

(iii) Starlite Women's Circle.

Membership of this group of working women increased steadily. The group began to show a marked degree of independence received permission to use the premises of the Merebank Primary School for their Saturday meetings. Successful application was made to the Director, Parks, Recreation and Beaches Department to use the Badulla Drive sportsfield and for continued usage of an area that was demarcated in 1978 as a netball field for the women's circle.

(iv) Daffodil Women's Club

A progressive group. Permission to use the grounds of a local school for netball had interesting results as both scholars and teachers have become involved with this group. A sub-committee was set up with the intention of forming a Senior Citizens Club in its own area.

(v) Daffodil Senior Citizens Club

Initiated by the Daffodil Women's Circle, this group of 35 women elected a steering committee and was given permission to use the local Catholic Church hall as a venue for its meetings.

(vi) Sewerage Works

At the request of the Family Planning Motivator this section became involved with the 50 employees at the Sewerage Works. In answer to an expressed need films and discussions by experts on alcoholism, drug dependence and family planning were introduced to the group with favourable results.

(vii) Appleblossom Women's Circle.

Membership increased markedly amongst this very youth conscious group. As part of their Year of the Child project the circle started a handcraft group for children. Monies collected from the sale of articles was used to provide entertainment for poor children in the area.

(viii) Exhibition

The second annual exhibition, held as a joint undertaking by the various women's groups was an outstanding success. Each club rendered a stage item and provided an exhibition of handcrafts that were far superior to that of the previous year. The event was well supported by the community and other clubs, particularly the Senior Citizens Club.

(ix) Karachi Road Recreational Club

A successful application was made to the City Engineer's Department for short term tenancy of a large area of open space (6,2 ha) adjoining the town centre. Consisting, in the main, of high school children the Club aims to involve community members in providing their own recreational activities. Over R200 was raised for the partial clearance of the site. The newly formed Umhlathuzana Rotary Club was actively involved in the preparation of plans for the development of this area.

(x) Youth Project.

This project was initiated by the Appleblossom Women's Circle and a growing number of boys and girls joined the club and made excellent toy furniture from clothes pegs.

8. CHATSWORTH(i) Montford Women's Circle

The high membership (73) enabled subdivision of the group along activity lines. During the school vacations this group assisted the Chatsworth Community Project with the organisation of programmes for primary and highschool students. Held in the activities room of the Montford Library, these programmes were highly successful and attracted over 200 children daily. Because of the success of this operation, members of the circle have realised that they must not confine their activities to handcrafts, but must 'become involved in the community and its needs'.

(ii) Bayview Women's Circle

By now a properly constituted group, these enthusiastic women organised and manned community liaison displays at all three 'opendays' held at Chatsworth Clinics. The women have become noticeably community orientated.

(iii) Havenside Women's Activity Circle

This group evolved from the Almond Garden Club. The Women formed a committee and launched the Havenside Play Centre in the activities room of the local library in October with an enrolment of 69 children. Evergreen School donated equipment and audio visual aids while milk was supplied daily by the Daily News Milk Fund.

(iv) Almond Garden Club

This newly constituted body in Havenside made formal application to the City Valuator and Estates Manager to lease land adjoining their residences for the establishment of a communal garden project.

(v) Chatsworth Community Project.

Due to lack of staff this section was unable to liaise with this project during the year.

9. AVOCA(i) Avoca Women's Circle

Very enthusiastic, this group met weekly at the Indian Reform Church. Membership increased with the introduction to the group of a volunteer to teach handcraft. A sub-committee organised a variety concert in the Red Hill Moth Hall and raised over R300.

10. ASHERVILLE(i) Indian Cripple Care Association

Through the co-ordinating efforts of this section a portion of premises owned by the Faith Mission in Tarndale Avenue was leased for a period of five years by the Indian Cripple Care Association. A multi-purpose clinic serving 80 handicapped children operated daily from these premises.

11. POINT(i) South Beach Social Club for Senior Citizens

Meeting twice weekly this club's activities embraced cards, bingo, etc. Their annual Christmas party was held at a local hotel, where the Manager permitted members to take an active part in the preparation of their meal. Food parcels were donated by the Hillary Neighbourhood Group to the club over the festive season.

VIII. HEALTH INSPECTION

The number of available health inspection staff continued to fluctuate throughout the year, with staff shortages aggravated by six personnel being required to undergo extensive national military service duties.

At the year end, three of the vacant White Health Inspector posts were converted to Indian posts for duty in developing Indian township.

COMPLAINTS

The department received 3 246 complaints (3 484 in 1978) from the public excluding those in respect of pests which feature elsewhere in this chapter. These complaints are analysed as follows:

Animal keeping	52	Poultry keeping	201
Conservancy services	52	Refuse dumping	356
Drainage - appurtenances	77	Refuse removal Service	41
- defects	114	Sanitary accommodation	62
Food - unhygienic handling	74	Shacks - illegal	5
- unsound	109	Smoke/air pollution	21
Housing - illegal	29	Structural defects	156
- overcrowding	29	Uncleanliness of	
Miscellaneous	196	Premises	505
Offensive smells	208	Vacant land	959
		Total	<u>3 246</u>

These nuisances were promptly investigated and appropriate action taken where necessary.

INSPECTIONS

Visits carried out to all classes of premises by the Health Inspectorate and ancillary personnel are summarised hereunder with the previous year's figures in parenthesis:

<u>Food Handling Premises</u>		<u>Other Premises</u>	
Bakeries	655 (688)	Barracks	622 (508)
Boarding houses/ private hotels	1 310 (1 378)	compounds	
Butcheries	4 820 (4 933)	Dwellings	85 935 (89 373)
Dairies (mainly ex- City)	3 778 (3 880)	General dealers	2 939 (2 942)
Food manufactories	1 258 (1 707)	Hairdressers	761 (749)
General/fresh produce dealers	17 813 (16 386)	Laundries/dry cleaners and depots	469 (637)
Hotels (liquor licensed)	1 981 (2 065)	Lodging houses/ flats	4 777 (6 076)
Milk bars	22 (19)	Offensive trades	1 213 (686)
Offensive trades	468 (1 209)	Sundry - trading	13 788 (12 985)
Restaurants/eating houses	11 989 (12 650)	- non- trading	59 008 (56 704)
Tea rooms	1 127 (1 409)		
Sundry	4 942 (4 315)		

Arising from these inspections, which totalled 219 675 (221 299) the following action was taken:

Personal notices issued at time of inspection	14 986 (14 316)
Statutory notices served	3 605 (4 416)
Letters written	1 190 (1 499)
Prosecutions instituted (counts).....	454 (388)

LICENSING/REGISTRATION(a) Trade Licence Applications

Reports on public health implications, respecting the state of premises and trades to be conducted thereon, were submitted in connection with 3 711 (3 177) new applications lodged with Licensing Officer. In certain instances there were departmental requirements or bylaw shortcomings to be compiled with which required re-inspection. As a result, 1 066 (1 157) further reports were submitted.

(b) Animal Keeping Permits

Fourteen permits for the keeping of animals were renewed in terms of the Public Health Bylaws during the year. The number of animals registered was as follows:

401	(424)	equines
220	(220)	dogs (kept for reward in kennels)
4	(3)	bovines

(c) Food Vending Vehicles/Machines

Registration under the Food Bylaws was granted for the following:

(i)	mobile soft dairy mix dispensers	21	(17)
(ii)	hawkers' vehicles (11 ex-City)	96	(177)

(d) Modification of Food Bylaws Requirements

In accordance with powers contained in the Food Bylaws, the City Medical Officer of Health granted 29 (21) certificates authorising the relaxation of minimum requirements, mainly in respect of storage areas.

(e) Dry Cleaners/Laundry Vehicles

Certificates of registration totalling 7 (12) were issued.

(f) Fumigators/Disinfestors

Four certificates were issued in respect of new applications.

(g) Mattress Makers/Upholsterers

Twenty nine (34) renewal certificates and five new permits in terms of the Mattress Makers and Upholsterers Regulations were issued.

(h) Offensive Trades

The number of trades registered was 101, of which 31 operated on the basis of unlimited time periods and 70 for restricted periods. Of the latter 66 were renewal certificates for 1980

In addition four applications for initial permission and two for extensions to existing trades were received.

(i) Scheduled Trades and Occupations Bylaws

The above bylaws were promulgated on 22 March 1979, and during the year 99 applications for registration in terms of these bylaws were received.

The trades involved ranged from welding and spraypainting through food manufacturing and ship building to upholstery and engineering works.

ENVIRONMENTAL SANITATION

Fire Damage

A fire which broke out in a warehouse on Maydon Wharf resulted in a large quantity of jute sacks being damaged. These sacks were subsequently purchased by a firm dealing in the recycling of waste material and were observed being sorted on a piece of vacant land situated in the northern part of the City. This Department ensured that proper toilet facilities were provided at this site whilst these operations were carried out, and regular inspections were made to ensure that cleanliness and odour control were maintained.

Illegal Dumping

The illegal dumping of domestic, garden and factory wastes in unauthorised places continued to be a problem and a matter of concern to the department as, apart from the resultant disfigurement of certain areas in the City, instances of the indiscriminate disposal of hazardous substances were also experienced. In one case the scavenging of the brass fittings on a gas cylinder almost had serious consequences when chlorine gas started escaping from the cylinder which had been dumped on a road verge together with a quantity of refuse.

Observations carried out in areas where indiscriminate dumping was prevalent resulted in eleven successful prosecutions and a total of R310.00 being recovered in fines. In some instances illegally dumped refuse was identified and traced back to the firms responsible, which invariably arranged for the timeous removal thereof

Public Gatherings

Numerous public gatherings attracting large crowds for short durations were held during the year, including rugby, cricket and soccer matches, as well as race horse meetings. Inspectors were on duty at all such functions to ensure the maintenance of satisfactory and adequate sanitary accommodation, refuse storage and removal, and general cleanliness.

The annual convention of an Indian religious sect was held over a four day period during April, at the Springfield Sports Ground, Quarry Road. Delegates from all parts of the Republic and from various overseas countries were housed in numerous marquees erected on the site. In excess of 15 000 persons attended over this period and although ablution facilities and sanitary accommodation proved to be adequate, the entire site was heavily littered with discarded papers and empty food and drink containers. The site was thoroughly cleansed once all the temporary structures had been removed.

Pollution (Water and Air)

A report in a local newspaper of fish dying in the Umgeni River was immediately investigated. Inspection of the river disclosed the presence of dead fish in that section between the storm water outlet at the Connaught Bridge and the sea. No evidence of pollution by sewage or chemicals was noted and several dead fish were submitted to the Council for Scientific and Industrial Research by the Oceanographic Research Institute for analysis, but no indication of toxicity as the cause of death was found. Other forms of aquatic life appeared to be unharmed.

A small section of a sugar cane plantation was destroyed by oil as a result of a burst in the main oil pipeline near the entrance to Effingham quarry. Repairs and cleaning operations were effected by the South African Railways and no public health nuisance occurred.

Following action taken by this department the illegal spray painting of motor vehicles at a service station in Mayville area was discontinued. In this instance fumes from the spraying operations were not controlled and were causing severe annoyance to the immediate neighbours.

Numerous complaints were received regarding offensive odours emanating from the street stormwater drains in Davenport Road, Umbilo. Investigation disclosed that waste water from a butcher shop was being illegally discharged into the stormwater drainage system. This practice was stopped and the offensive conditions eliminated.

Scheduled Trades and Occupations Bylaws

These bylaws were promulgated on 22 March 1979, and were introduced because several problems of public health significance had arisen over the years in connection with certain trades and occupations where the existing legislation did not provide for adequate measures of control. Not all were subject to licensing but even this requirement did not allow the imposition of restrictions without supportive legislation. The new bylaw lists a total of sixty-two trades or occupations which are required to be registered.

Examples included certain funeral undertaker businesses where proper means were not available for the temporary keeping of human remains, and other instances where the handling and disposal of noxious effluents and excremental matter were being undertaken by private operators where the arrangements left much to be desired.

During the year two successful prosecutions were instituted against persons for contravention of this legislation.

Insanitary Conditions

The demolition of a dwelling situated in View Street, Overport previously occupied by a considerable number of vagrants and undesirables, removed a health hazard which had been in existence for some years. These premises were declared a slum in 1975, but various circumstances including the fact that the owner was aged and senile, caused unavoidable delays before demolition of the buildings could be effected finally. In the interim this department was regularly required to attend to the cleaning of these premises due to the fouling and littering caused by illegal occupiers.

A block of flats in the Grey Street area was also demolished after the owners had twice been successfully prosecuted because of the insanitary conditions.

Inspection of a plant nursery situated off 45th Avenue, Mayville, disclosed that access to the staff toilets had been barred by the construction of the new freeway in this area. The owners of the nursery were contacted and as no sewer connection was available, suitable arrangements were made for the provision and servicing of chemical closets, so eliminating fly development and a possible health hazard.

FOOD HYGIENE

In terms of the Regulations relating to food inspection framed under the Public Health Act, 1919 and in force under the Health Act 63/1977, large quantities of a variety of foodstuffs and produce inspected and found to be unsound, were either seized by the Health Inspectorate or voluntarily surrendered by the owners. Inspections at the National Fresh Produce Market, together with examinations of foodstuffs at wholesale and retail premises resulted in the condemnation and destruction of a considerable amount and variety of food as unfit for human consumption, as summarised below:

(a) National Fresh Produce Market

22 651 cartons/pockets/trays/
boxes/bunches vegetables

Baby marrows, beans, beetroot, brinjals, broccoli, brussels sprouts, butternuts, cabbages, cauliflower, carrots, celery, chillies, cucumbers, green pepers, kohlrabi, leeks, lettuce, mealies, okra, onions, parsley, potatoes, pumpkins, radish, squash, spinach, sweet potatoes, swiss chard, tomatoes and turnips.

896 Cartons/pockets/trays
boxes fruit

Apples, avocado pears, bananas, grapes, mangoes, pawpaws, peaches, prickly pears, rhubarb and spanspek.

(b) Other Traders

148 253 tins/bottles/packets/
articles

Fish, meat, poultry, offal, jam, fruit, vegetables, soup, condiments, cereals, confectionery, pasta, milk, fruit juices, dairy products and frozen confectionery.

15 331 kg.

Fresh and frozen poultry, meat, fish, cheese, confectionery, biltong, dates, venison, pulses, infant foods and roasted ground-nuts.

1 544 litres

Fresh milk, cream, icecream, maas and soft dairy mix.

326 carcasses

Mutton

15 carcasses

Veal

(c) Illegal Hawkers3 950 tins/bottles/packets/
cartons/articlesCooked and raw meat, fish, offal,
bread, cakes, sandwiches, con-
fectionery, cooked mealies and
samp.

1 019 kg.

Cooked and raw meat, fish and
offal, cooked mealies, sandwiches,
samoosas, and chillibites.

125 litres

Fresh milk, maas and Amahewu.

Reasons for condemnation included containers which were blown, excessively rusted or dented, leaking or broken; farinaceous food products which were weevil infested; food-stuffs damaged/contaminated by rodents and other vermin, chemicals and mould, decomposition and exposure to contamination.

In addition, refrigeration breakdowns at supermarkets, butchers and other food outlets resulted in food spoilage/decomposition and necessitated subsequent condemnation of the following foodstuffs:

16 409 packets/units

Frozen meat, poultry and fish,
frozen vegetables, pastry,
cereal products, fruit juices
and ice-cream.

18 036 kg.

Frozen meat, poultry and fish,
frozen vegetables, oysters,
pastry products.FOOD SAMPLINGChemical Analysis

In accordance with the powers delegated in terms of the Foodstuffs, Cosmetics and Disinfectants Act No. 54 of 1972, 616 samples of food-stuffs were purchased at shops and food manufactories throughout the City and submitted for free analysis to the State Chemical Laboratories in Pretoria. Arising from sub-standard results, legal proceedings were instituted in 16 cases (fines totalled R895.00) and warning letters sent to 42 manufacturers.

Warning letters were also sent to 59 food manufacturing firms where routine inspection had disclosed labelling of food products to be in contravention of the Foodstuffs, Cosmetics and Disinfectants Act.

Bacteriological Examinations

In accordance with the Food Bylaws which require ready-to-eat foodstuffs to comply with certain bacteriological standards, 61 samples were taken from various food premises and submitted for examination. Where the results were unsatisfactory, appropriate action was taken.

Eight samples of frozen uncooked chickens were submitted for routine analysis and all were found to be satisfactory.

Culture specimens using the modified "Agar Sausage" method were taken from food utensils, equipment, wall surfaces and food workers' hands at 271 food establishments during the year. Proprietors were advised of the results and where necessary, given advice on improving their sanitation methods.

In addition 82 swabs of food equipment, utensils, and food handlers' hands were taken from 5 food manufactories and where results proved to be unsatisfactory appropriate action was also taken.

This department continued its programme of sampling molluscs along the local foreshore to check any faecal contamination arising from pollution. Resulting from previous representations made by this department to the Natal Parks, Game and Fish Preservation Board in 1971, the coastline between the Umgeni and Isipingo Rivers was closed to the harvesting of filter-feeding bivalves, but the ban expired in 1974. Since that time representations for a re-instatement of the ban have continued without success but attention is still being given to the matter with a view to re-introducing the closure of these beaches for this purpose. An approach has been made by the City Council to the Provincial Secretary emphasizing that the control of the collection and consumption of bivalves should apply all along the Natal Coast where shellfish are liable to contamination from run-off pollution from towns and rivers.

During the year 29 marine samples were taken, of which six yielded unsatisfactory bacteriological results.

Meat Inspection

Following the take-over of the Municipal Abattoir by the Abattoir Commission in August, 1975, the re-inspection of meat imported from other areas continued to be undertaken there until 31 July 1977, whereafter this responsibility was transferred to this Department in an order issued in terms of the Animal Slaughter, Meat and Animal Products Hygiene Act, 1967, by the Department of Agricultural and Technical Services.

As a result 14 firms' premises were approved by this department as suitable venues to which introduced meat could be consigned and examined. Random inspections carried out in these premises and elsewhere confirmed meat supplies to be generally satisfactory for human consumption but in a few instances unsound meat was voluntarily surrendered for condemnation and destruction.

The Durban abattoir, Sydney Road, ceased operations on 26 June, 1979 being replaced by an ultra-modern abattoir at Cato Ridge which cost R45 million, and which has facilities to cope with the slaughter of a maximum of 1 800 cattle, 8 000 sheep/goats and 1 000 pigs per day.

In view of the structural disrepair and unsuitability of cold rooms, sales halls and other buildings at the old Durban Abattoir, this department opposed their use for food storage purposes in their existing structural condition.

Food Complaints

A number of reports by members of the public were received involving foreign objects in foodstuffs and unsound/decomposing foodstuffs. These included mice droppings in a slice of cake, a cockroach in a packet of chips and a "bunny-chow", a nail in a bread roll, metal filings in a sandwich filling, hair inside a hamburger pattie and an eggburger, iron filings in baby food, a fingernail in a loaf of bread, glass pieces in boerewors and a round of gouda cheese, a drawing pin inside a pie and a length of thread inside a can of baked beans.

Several complaints of weevil infested cereals and decomposing/unsound/outdated/mouldy/insect/vermin infested foodstuffs were also dealt with. Appropriate action was taken in all instances, including prosecution of the offenders when the complaint was substantiated by affidavit and the occurrence was considered to be due to negligence.

Several suspected food poisoning cases were reported and investigated. These included:

- (a) Two separate incidents, each involving adult females who became ill and on hospitalization were found to be suffering from *Salmonella typhi-murium* infection. The exact source of infection was not established in either case;
- (b) four adult males who became ill after allegedly consuming tinned fish. The source of infection and causative organisms could not be established;
- (c) an elderly female residing in a private hotel who became ill and on hospitalization *Shigella* and *Salmonella* were isolated from her stool. No further residents of the hotel were affected and the source of infection could not be established;

- (d) ten persons from a household who became ill after consuming wild mushrooms of a toxic variety, which had been used as ingredients for a curry.

Public Gatherings and Food Promotions

Health Inspectors were in attendance at all large scale public functions, including race meetings, cricket and rugby matches, religious gatherings, festivals and the like to ensure the maintenance of satisfactory food and general hygiene standards.

During holiday seasons and long week-ends when beaches were well patronised, inspectors were on duty to ensure optimum hygienic practices by beachfront caterers.

Regular early morning, lunch hour and late evening inspections of food premises, food deliveries and food hawkers were also carried out.

Inspections were also carried out of food sales promotions conducted in shopping complexes and supermarkets to ensure satisfactory food handling hygiene.

Food Surveys

Premises involved in the manufacture, preparation, serving and handling of food were paid particular attention by the inspectorate, with emphasis on structural, furnishing and hygienic standards.

The particulars of these inspections are summarised as follows:

Establishment	Premises	Inspections	Notices Served
Butcheries	265	3 194	505
Restaurants	557	6 153	1 326
Liquor - Licensed Premises	150	1 525	279
Food Factories	103	936	152
Boarding Houses etc.	205	1 701	209
Total	1 280	13 509	2 471

Illegal Hawking/Selling

The problem of illegal hawking of foodstuffs continued mainly in the Central City, Maydon Wharf and industrial areas, and the co-operation of the City Police Department was obtained by police officers accompanying health inspectorate personnel on periodic raids. Particular emphasis was placed on raids at early morning and late afternoon hours, when illegal hawking is most prevalent.

Resulting therefrom, substantial quantities of foodstuffs which had been exposed to contamination and were deemed unsound and unfit for human consumption, were confiscated and removed for destruction.

General

Labelling contraventions by a condiment manufacturer situated near the Durban City boundary, was referred to the Development Services Board (Local Authority) and also the Department of Health who carried out an inspection. This disclosed the food factory premises to be in a most unsatisfactory condition and a potential health hazard. Appropriate action was taken by these authorities and also written notice was served by this department on the manufacturer concerned to discontinue introducing foodstuffs into the City. The re-introduction of foodstuffs into the City was only permitted by this department once a satisfactory report had been received from the local authority concerned.

NON-WHITE AREAS

A. CHATSWORTH

Drainage/Sewerage

The longstanding problem of poor drainage in the area due to unsuitable soil neared an end with the extension of the sewer reticulation system and construction of a trunk sewer main tunnel in the Umhlathuzana area. It is anticipated that the programme should be completed during 1980. During the year 118 dwellings and one food shop in Kharwastan as well as 65 dwellings in Umhlathuzana Township were connected to the municipal sewer.

Housing

Construction of dwellings on sites privately purchased from the City Council progressed in Units 3, 6, 7 and 9 with a total of 99 dwellings being completed at the year end and a further 40 units under construction

Certain Council-owned flats, comprising a single room, kitchen and combined water closet/shower were redesigned by converting two into one flat comprising lounge, two bedrooms, kitchen and combined water closet/bath. The conversion of other similar flats in Unit 2 will commence as and when they become vacant. This is necessary as there is no demand for the single room unit.

The Aryan Benevolent Home was opened in Unit 6 and will accommodate 94 destitute children.

Appropriate action was taken in two instances where the construction of illegal shacks was noted by the health inspector.

A burst major water main in the Mobeni Heights area caused severe damage to two private homes and flooded several others and a school. These matters were rectified.

Food Premises

Generally needed improvements to food premises were effected at various food outlets in the Umhlatuzana Township, Kharwastan and Unit 11 areas by shop owners, at this department's instance. Some of the premises involved had been in existence prior to incorporation into the City.

Following representation from this department, the Department of Community Development also carried out various improvements and renovations to shop complexes in Units 3 and 4. Good progress was made with the provision of much-needed shopping facilities in the township, with the Unit 1 complex comprising 21 shops being almost completed by the Department of Community Development by the year end. In Unit 6 construction of a privately owned 12 shop complex commenced and a privately owned food shop was completed during the year.

Alterations commenced to a privately owned foodshop in Unit 7 to double the floor area to include a butchery.

Good progress was made with the construction of a privately owned foodshop in Unit 9, and a total of 12 shop sites in the township were sold to the public and displaced traders.

The Department of Community Development has further plans for shopping complexes in Units 7 and 9.

Illegal Hawking/Selling

Illegal trading and hawking was still prevalent in the area. Legal proceedings were instituted by the department in 20 instances where food was sold illegally from dwellings and in 14 instances for illegal hawking from an unregistered vehicle. With the assistance of the City Police department several raids were conducted and quantities of foodstuffs seized from illegal hawkers were condemned as unfit for human consumption.

Food Condemnation

Quantities of baby foods were condemned as being unfit for human consumption after being exposed to heat and fumes during a small fire in a shop.

Fifty plucks were detained and condemned, having been found decomposing in a butchery.

Amenities/Recreational Facilities

The construction of three community halls commenced in Units 2, 7 and 9 and a hall belonging to a religious group was completed in Unit 7.

Much needed additional toilets were constructed at the Unit 3B sportsground, which is used for numerous functions and where crowds of up to 25 000 have been recorded. In addition changeroom/toilets were constructed at a sportsfield in Unit 6 and construction of these facilities commenced at a sportsfield in Unit 5.

Two small parks were created where dumping was a continual problem in Unit 3 and Umhlathuzana Township thereby eliminating perpetuation of the nuisance.

Work commenced on developing a large park in Unit 6 after a joint effort between this department and Parks, Recreation and Beaches Department. All occupiers of houses surrounding this area were visited and warned against dumping. An illegal scrap metal dealer was also warned to remove large quantities of scavenged items from the plot concerned. This area has now been cleared up, grassed and trees planted.

Two sites have been levelled in Unit 10, one for the construction of a high school and another for a clothing factory.

Pest Control

Cimex

During the summer months a survey of sub-economic houses was carried out, and anti-cimex measures undertaken after consent had been obtained from the occupiers. Nine houses were treated during the year.

Flies

Anti-fly measures were carried out when a quantity of dumped rotten fish was found, as well as on spillages from sewer surcharges.

Mosquitoes

Development was found and treated in several stagnant pools at various sites in the area and in 123 tyres found dumped in a river bed.

No major rodent problems were experienced.

Marquees

Due to financial reasons, various religious organisations continued to use this type of structure for the holding of religious festivals and the like on a temporary basis. The department ensured that adequate toilet facilities were provided, the sites kept clean and that no foodstuffs were handled. During the year the number of marquees at any one time fluctuated between 10 and 16.

Health Year

The health inspectorate were actively engaged in providing exhibits of the sections functions at three open days at Units 2, 6 and 10 and also encouraged numerous schools to construct and erect the Health Year logo. Assistance was also given at an anti-smoking campaign.

B. PHOENIX/NEW FARMHousing

A total of 2 166 houses were completed during the year, bringing the total completed to 5 826 houses. Construction of dwellings took place in Community Areas 8, 9, 10, 11 and 12, with CA 10 being completed by the year end. Houses in CA 10 were occupied and to a limited degree in CA's 9 and 11.

Demolitions

18 dwellings in the vicinity of Brookdale Farm and 231 shack/dwellings at New Farm were demolished. This brings the total number demolished in the latter area to 412 with 206 shacks/dwellings remaining.

Shopping Facilities

During the year there was very little activity towards the provision of these facilities. Two new shops were occupied in Stonebridge, bringing the total to four. A further temporary shop was occupied in Clayfield bringing the number of temporary shops (converted houses) to three. Construction of four shops in two units was commenced. Two traders in New Farm were placed in Phoenix when their shops were demolished to allow proper development of this area. One of the traders was placed in a temporary shop. Routine and extra duty inspections revealed minimal illegal hawking/sale of foodstuffs.

Sewerage

An ejector station was constructed in Stonebridge to eliminate two large septic tanks serving a portion of that area. This eliminated a seepage and a mosquito nuisance.

Two sewage ponds situated within the township for the collection of sewage from Natal Estates are no longer in use and a direct connection to the municipal sewer has been effected.

Pest Control

Ditching of streams was carried out wherever necessary to ensure a free flow of water. Insecticidal spraying was carried out following sewer surcharges to prevent fly or mosquito development.

Following complaints, prompt action was taken by Natal Estates staff to eliminate mosquito development in an irrigation canal. Quick action was also taken by contractors when fly development was found in privies on school construction sites.

Amenities

The construction of schools progressed apace and well in advance of the development of the community areas.

The building of three community halls commenced and two were completed in December.

C. NEWLANDS EAST

Housing

The number of houses occupied totalled 1 133, with 625 units being completed during the year. Construction of houses in Section 2 has now commenced.

The last shack in phase 1 of the demolition programme in Temple Farm was demolished, bringing the total to 41, leaving a balance of 60 shacks situated in the area to be developed as Section 4.

Shopping Facilities

The successful applicant for a trading site took occupation of an old existing farm house set aside as a temporary shop. Necessary minor alterations were carried out to permit business continuing until such time the trading site could be properly developed. Other than this facility, the residents rely on licensed hawkers. Very little illegal hawking/sale was however, noted.

Water Supply

The residents experienced an interrupted water supply for a period of five days, apparently due to an inadequate supply to the reservoir. The City Engineer's Department installed a larger pipe to overcome this problem and in the interim, provided a water tanker to augment supplies to residents. This department monitored the situation to ensure that no public health nuisance arose.

Pest Control

Numerous streams were ditched to ensure a free flow of water. No pest nuisances of any consequence occurred.

Amenities

Recreational facilities have been lacking with only a few minor playlots and one partially developed sportsfield provided

Health Year

The inspectorate assisted in providing an exhibit at the clinic on Open Day. A Health Year logo was also constructed in a prominent position.

D. NEWLANDS WEST

Housing

Progress was made with the installation of services, viz. roads, sewers, water, stormwater and electricity in preparation for the construction of houses in the second half of 1980.

To this end it was necessary to demolish 94 dwellings/shacks leaving a balance of 203 dwellings/shacks. The Urban Foundation commenced constructing houses in Briardale. Eventually 107 dwellings will be constructed by this organisation.

Exhumations

Whilst carrying out land surveys, the City Engineer's staff located numerous graves in the area. Four graves were opened for exhumation of remains so that road construction could progress.

Shopping Facilities

The tow existing shops continued to cater for the residents although it is anticipated that one of them will be demolished to permit major roadworks.

Pest Control

Ditching of local streams was continually pursued in view of the common vectors of malaria being prevalent in this area.

Building Control

Building Applications: During the period under review 6 062 (5 212) plans having an estimated value in excess of R99 m (R62 m) were received from the City Engineer for scrutiny from a public health point of view, and of these 2 078 (1 397) necessitated the submission of a report. In addition a further 858 sets of drawings were returned to this office for further report and possible clearance: in all a total of 6 920 (5 772) plans were dealt with.

Particulars of the plans dealt with, excluding housing development which is reflected in the appendix on housing are as follows:

Non Residential	Plans	Cost
1. <u>New Construction</u>		
Commercial and Industrial	35	2 950 065
State and Municipal	45	16 412 413
Other Non Residential	61	2 752 930
2. <u>Additions and Alterations</u>		
Non Residential	1 028	23 360 326
State and Municipal	31	253 016
	1 200	45 728 750

Artificial Ventilation and Lighting : In terms of section 127 of the Building Bylaws the City Engineer may consent to the relaxing of certain standards of natural ventilation and natural lighting laid down in sections 126 and 128 thereof, but before doing so requests comments from this department on possible public health implications.

These applications, fully motivated by the applicants or their professional representatives, require careful consideration and often joint consultation with the parties concerned together, where necessary, with other departments to ensure the incorporation of adequate safeguards.

During 1979 thirty such applications were recommended for approval. These applications were for factories, shops, offices, night clubs, computer rooms, darkrooms, an indoor shooting range, a bulk meat distributor and additions to the University of Natal mechanical engineering workshops, where natural ventilation and/or natural light would affect the process or where an area was too large for natural ventilation and natural light could not be obtained.

Sectional Titles: Fifty three applications for local authority approval of sectional title were referred for comment. Of this number 51 were recommended while two were opposed on various grounds. A total of 1 062 living units and four shops were involved in those applications which were approved.

Building Bylaws Liaison Committee: This department's representation at this committee continued during the year when eight meetings were held. Items discussed at these meetings which had public health significance included:

- (i) the upgrading of servants' accommodation;
- (ii) minimum room sizes;
- (iii) enclosure of balconies; and
- (iv) sanitary accommodation requirements for dwellings and flats.

Seminars: At the invitation of the National Building Research Institute two seminars were attended during the year. These seminars dealt with:

- (a) acoustic problems of modern building methods and materials; and
- (b) site investigations with reference to local soil conditions and foundation problems.

PEST CONTROL

Geographically and climatically Durban is situated in an area which favours the proliferation of insect and other pests. The Field Hygiene Section of the department is a highly trained and efficient unit and is entrusted with the responsibility for pest control. In particular fly, mosquito, rodent and other pest control measures as well as bush clearing, are routinely undertaken in order to safeguard the health of the community.

On private property the legal onus for pest eradication lies with the occupier or owner of the property who is liable to prosecution for any nuisance which may arise. In practice technical advice is given, certain remedial measures are undertaken departmentally on request, or in default of compliance with a statutory notice the work is again carried out departmentally. The actual or tariff cost is recovered in the latter instances.

The Field Hygiene Section's activities are summarized as follows:

Mosquitoes: A total of 737 complaints were received and investigated during the year. An analysis of breeding foci is shown hereunder:

Miscellaneous containers	482
Obstructed stormwater drains	10
Other drains and sub-floor areas	17
Defective septic tanks and soakpits	9
Buildings under construction or demolition	7
Natural swamps and streams	10
Sanitary fitments	11
Swimming pools	12
Fish ponds	8
Blocked sewers	16
Undetermined	78
Unsubstantiated	<u>77</u>
	<u>737</u>

The main mosquito breeding sources once again followed a similar pattern to previous years i.e. miscellaneous containers including old motor tyres often dumped on vacant land and other uninhabited areas by irresponsible persons, blocked sewerage systems, drains and disused swimming pools contributed to the problem.

Close surveillance was maintained on the *Aedes* mosquito which is prevalent here as this species is an important disease vector, particularly of yellow fever and dengue viruses. It is a domesticated species which ordinarily breeds in artificial containers of water and in the leaf axils of the wild *Strelitzia* plant.

Canalization of streams in the Phoenix area prevented stagnation of water in many low-lying areas and eliminated various problems relating to mosquito breeding.

Anti-malarial Precautions

The possibility of malaria occurring in Durban was kept in mind throughout the year, and field surveys were carried out routinely with the result that 46 439 anopheline larvae were collected by the departments team of "spotters", and submitted to the departmental laboratory for identification. The following anopheline larvae species were identified:

Gambiae	378
funestus	nil
leesoni	231
cinererous	207
coustani	27 271
cydippis	150
demeilloni	14 626
maculipalpis	192
marshalli	720
natalensis	16
pretoriensis	2 375
squamosis	273

The continued use of suitable fish (Tilapia) in ponds and swamps for the control of mosquito larvae still proves to be the most effective method and is employed wherever possible.

Regular maintenance of natural streams in the Newlands and Springfield areas resulted in unobstructed and free flowing drains. However, in spite of all these precautions a total of 378 A. gambiae larvae were found in these areas showing that continual vigilance on the part of all concerned is of paramount importance and calls for constant activity by the field staff to eradicate all actual and potential breeding places.

During the year a total of 545 287 metres of such drains, throughout the City, were maintained in comparison with 363 486 metres during 1978.

Flies

The number of complaints received and investigated and sources of nuisance were as follows:

Refuse on vacant land	52
Compost heaps	24
Refuse bins	10
Poultry keeping	18
Manure/stables	14
Miscellaneous conditions	14
Undetermined	41
Unsubstantiated	<u>39</u>
	<u>212</u>

The vacation of large tracts of land for resettlement, the subsequent demolition of buildings and the consequent increase in vacant overgrown land resulted in an increase in the incidence of illegal dumping, with the consequent development of fly-breeding conditions.

Extensive development was also found in bagasse used as a fertilizer, wool washings and waste foodstuff. Appropriate remedial action was immediately taken by the field staff on discovering nuisances of this nature.

Rodents

During the year 563 complaints were investigated and action taken where necessary, blood anticoagulants still being regarded as the most effective poison. A total of 1 248 kg. of anticoagulants was used on rodent extermination activities. No resistance in either *Rattus rattus* or *Rattus norvegicus* to these poisons has been encountered.

Trapping of rodents for plague index purposes resulted in 163 carcasses being submitted to the State Health Department's laboratory all with negative results.

Cage traps were extensively used especially in sewer and drain lines, where they were found to be particularly effective.

A large scale anti-rodent exercise was carried out at Umlazi Glebelands following a preliminary survey which indicated severe infestation. The gassing of burrows resulted in a rapid diminution of the rodent population and 140 carcasses were recovered.

Field trials were carried out with the baiting of a selected number of drains in the Maydon Wharf dock area. Regular checks disclosed their success, and permanent baiting stations with wax impregnated baits were established in order to ascertain any increase

in incidence of the rodent population in this area.

With the closure of the municipal abattoir in Sydney Road in mid-year it was feared that any rodents in the complex would migrate and spread to other areas. Intensive and extensive anti-rodent measures were completed at the old abattoir, both prior to and after its closure and this proved successful.

Bed Bugs

Complaints received from the public were expeditiously investigated and advice given on remedial measures.

Routine anti-cimex measures carried out at Black Hostels under the jurisdiction of the Port Natal Administration Board resulted in the deverminisation of 2 934 rooms.

Cockroaches

A total of 15 703 street drains and sewer manholes, mainly in the City centre and Point areas were sprayed as part of the cockroach control programme. Anti-cockroach work was carried out at all municipal complexes with excellent results.

As a result of suspected insecticidal resistance by the common cockroach (*Blattella germanica*) the South African Bureau of Standards carried out test spraying measures at two food preparation premises in the Durban area. Regular follow-up checks were carried out and no resistance was noted.

Nevertheless it was considered that food premises should be more frequently treated by insecticidal spraying (perhaps even monthly during the hot humid summer months). Furthermore great care is required to be exercised by the pest control operator to ensure that no sections where cockroach harbourage exists are omitted when carrying out spraying operations. These tests disclosed that the residual effect of the insecticides is not as long lasting in practice as laboratory findings would seem to indicate.

Snails

The department increased its snail collecting programme in which snails of various species were collected. These included the vectors of urinary and intestinal bilharzia. None of the snails collected were found to contain active cercariae.

Bush Clearing

This department undertook on a tariff basis, the clearance of overgrowth on privately owned and municipal premises. During the year a total of 2 000 334 sq. met. of vacant land was cleared of rank weeds

and vegetation. In addition to the clearance of overgrowth, the department removed miscellaneous refuse dumped on sites, on a time and labour basis. This ensured that the plots were left in a clean condition, free from refuse which could give rise to rodent attraction and harbourage.

Domestic Pest Control Operators

It is incumbent upon persons applying for the Pest Control Operator's licence to undergo a departmental examination to test their knowledge of insecticides and the dangers attached to their misuse. Successful applicants are issued with a Certificate of Approval which is a local pre-requisite for the necessary trading licence.

For the second year the "Technikon" has conducted a course leading to the National Certificate in Pest Control. All existing and aspiring pest control operators were advised to take this course so as to understand fully both the dangers inherent in the misuse of insecticides and the correct methods of pest control.

IX. MILK SUPPLIES.

FRESH MILK PRODUCTION

Durban's geographical situation, with the Indian Ocean to the east, a continuous series of seaside resorts along both north and south coasts and sugar cane farming on an extensive scale along the whole coastal belt, restricts the City's milk shed to the Natal midlands, southern Natal, what was previously East Griqualand and the area along the foothills of the Natal Drakensberg mountain range.

Fresh milk farmers are registered annually to supply milk for consumption in Durban. Requirements for registration are the provision of farm dairy premises and equipment to local bylaw standards and the maintenance of these in a satisfactory state of repair and cleanliness at all times. At the end of 1979 there were 381 registered suppliers (a year previously the number was 397) who during the year sold a daily average of more than 390 000 l to the milk distribution companies. The average daily intake of the pasteurisation plants was some 321 000 l of which approximately 170 000 l was finally sold within the City. These figures illustrate that Durban exercises control over a great deal of milk that is consumed in other local authority areas.

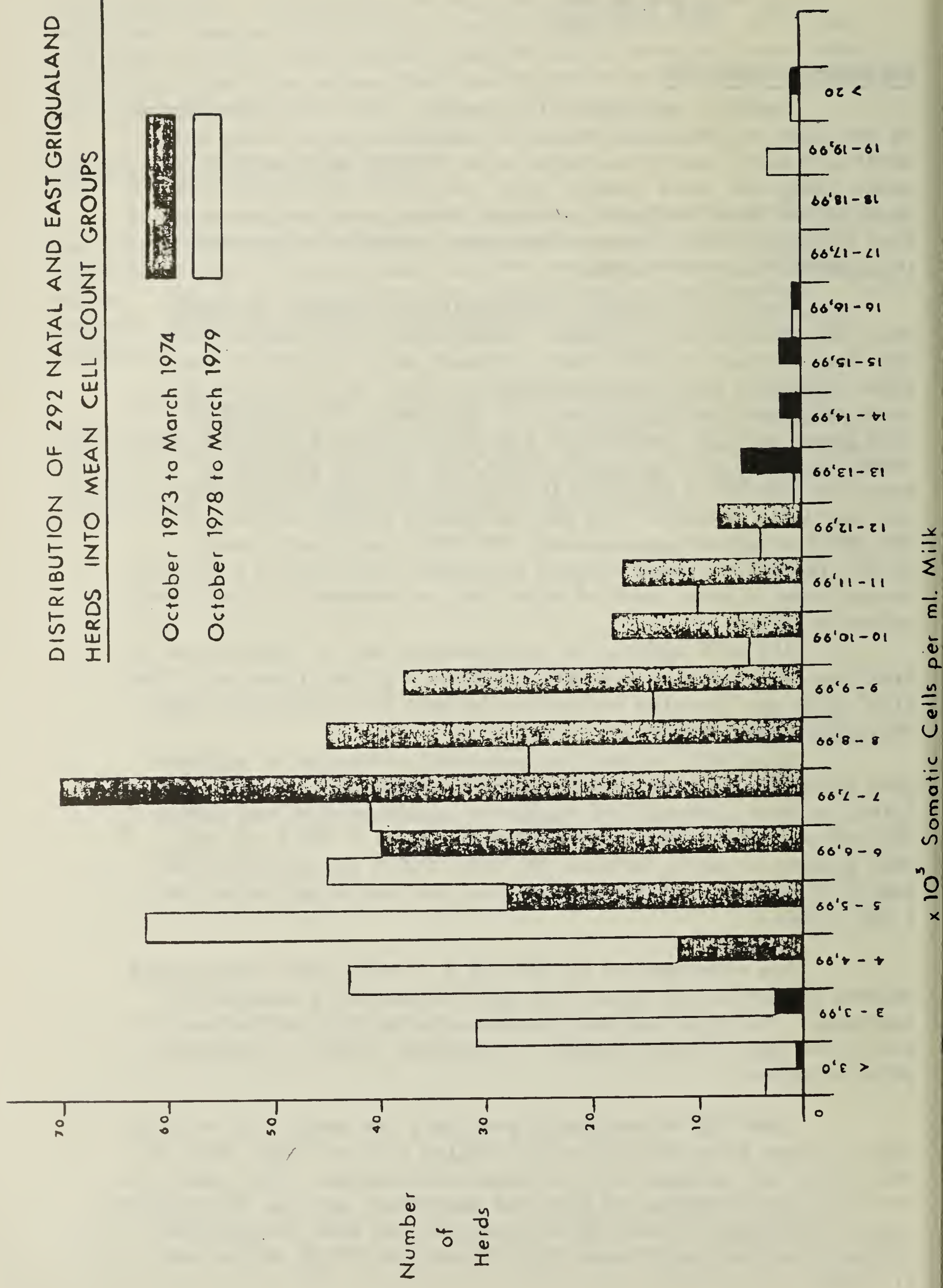
All milk surplus to requirements for the manufacture of fresh pasteurised milk and milk products and sterilised and 'long-life' milk was diverted up-country largely for industrial usage and cheese manufacture.

Fresh milk production received a stimulus at mid-year when the price paid to producers was increased by 3,5 cents per litre, so that although the number of suppliers declined during the year overall production increased by some 7 000 l per day. Most producers supply between 500 and 2 000 l per day while 46 supply in excess of 2 000 l including four who supply more than 4 000 l daily.

The introduction of 329 242 l of milk from unregistered sources was permitted during the year because of a shortage of supplies. This milk was used exclusively for the manufacture of sterilised milk, thus releasing 'registered' milk for pasteurisation purposes.

Some 95% of registered producers use mechanical milking and all farms have facilities for cooling milk although about 7% are not as yet equipped with refrigerated storage. This aspect is receiving the attention of both the department and the distribution company concerned. Over 75% of producers use bulk refrigerated storage tanks on their farms (this figure was 67,5% at the end of 1978).

DISTRIBUTION OF 292 NATAL AND EAST GRIQUALAND
HERDS INTO MEAN CELL COUNT GROUPS



Assistance of an advisory nature is given to producers on farm visits made by the Veterinary Medical Officer and the Dairy Inspectors. This is directed especially at methods of clean milk production, exclusion of antibiotic residues from the supply, the application of mastitis control measures and general herd health and milk quality matters. Vacuum and pulsation tests of milking machines are performed on request. Emphasis continues to be placed on reducing the incidence of subclinical mastitis in herds and a great measure of success is gradually being achieved with the assistance of both State and private practising veterinarians. This is depicted in the histogram shown overleaf. At the instigation of this department a penalty system was introduced during the year to apply to producers supplying milk found on fortnightly testing to contain residues of inhibitory substances. The system is run by the distribution companies, monitored by the department and involves a substantial loss of milk revenue to erring suppliers. It is hoped by this means to reduce to negligible proportions the incidence of milk contaminated with antibiotics and other inhibitory substances.

The main cause of losses to the dairy industry of a veterinary nature continue to be bovine mastitis and extended intercalving periods. These are, of course, largely influenced by the standard of management applied to each herd. No outbreaks of any disease of unusual significance occurred during the year. Brucellosis in herds supplying Durban has shown a marked decrease in the last few years. As recently as 1976 20% of stained antigen ring tests performed on herd milk were positive. This figure dropped to 15% in 1977, 14% in 1978 and during the year under review was only 7%. This improvement is due to a large extent to the constant testing of herd milk by the department and the subsequent control programme (serological testing, culling, inoculation, quarantine, etc.) applied by the Division of Veterinary Services.

TRANSPORTATION AND PROCESSING

Farm bulk refrigerated milk is collected either every 24 hours or every 48 hours by farm collection tankers and is further bulked into mainline tankers at the roadside or at one of five up-country bulking depots prior to consignment to one of the registered pasteurisation and filling plants. Almost all bulk transportation of milk is done by the dairy companies themselves although a few farmers do operate their own tankers. Some 25% of producers still supply milk in cans. This milk is bulked at one of the regional receiving depots, cooled and stored pending transportation to the factories by mainline road tankers.

Two of the four registered dairy factories are situated within the borough while one is at Pinetown and one at Thornville junction some 80 km. from Durban. The total milk intake is heat-treated in one way or another - most of the supply is pasteurised,

mainly by the H.T.S.T. process, while at three of the dairies a large proportion is sterilised. One dairy is equipped to produce ultra-high temperature (U.H.T.) pasteurised or so-called 'long-life' milk.

Pasteurised milk continues to be glass-bottled for that part of the production used for household deliveries but the bulk of the production is sold via supermarkets and tea rooms in board cartons, either 'tetrabrik' or 'purepak'. A fair proportion is packed in plastic bottles and plastic sachets, whilst a relatively small proportion is sold in 40 l cans (see statistics below). Sales of pasteurised milk by the four dairies has shown a decrease for the fourth consecutive year, the mean daily figure for 1979 being some 192 500 l (201 500 l in 1978, 210 000 l in 1977, and 213 000 l in 1976). Possibly part of the reason for this continuing trend was the sharp increase in the consumer price of milk in June 1979. At that time the price was increased by 5,0 cents per l, 3,5 cents being for the producer and 1,5 cents for the distributor. However, the total consumption of milk and milk products increased over the previous year with sterilised and 'long-life' milk in particular enjoying increased sales.

Conversely, another continuing trend is the increasing consumption of other milk products (see table below) viz. cream, low-fat and separated milk, flavoured milk, sterilised milk and cultured products such as yoghurt, maas, 'buttermilk' and soft cheese. This has meant a mean total daily intake of raw milk by the four manufacturing dairies of approximately 321 000 l as against some 308 000 l in 1978. Total sales of milk and milk products, excluding frozen products, by the four dairies amounted to 115,2 million litres (111,8 million litres in 1978) of which an estimated 54% was sold in Durban.

Frozen milk products such as ice-cream, sorbet, soft mix and iced confections on sticks were manufactured by three local factories and were imported from three Transvaal factories and two Pinetown plants. Other introductions comprised U.H.T. pasteurised milk and milk products from dairies in Pinetown (local), Johannesburg, Queenstown and Port Elizabeth, and yoghurt and cottage cheese from two Transvaal factories.

QUALITY CONTROL OF MILK SUPPLIES

Three Health Inspectors under the direction of a Senior Health Inspector are engaged full-time on country inspectional and sampling work in connection with milk quality.

In order to register to supply fresh milk for consumption in Durban a farmer is obliged to comply with minimum structural standards regarding his farm dairy buildings and has to provide certain facilities such as suitable refrigeration, equipment washing

facilities, changeroom facilities and so on. Upon registration it is incumbent on each producer to keep his farm dairy in a clean state at all times and maintain it in a sound state of repair. Milking equipment likewise must be kept in a clean, hygienic conditions conducive to the production of a clean wholesome milk supply. The dairy inspectors ensure by on-farm inspections that departmental standards are maintained. Failure on the part of a farmer to maintain premises or equipment to the satisfaction of the department may lead to the suspension of his milk supply to Durban for a time or even revocation of his registration. During 1979 the inspectors carried out 1 826 (2 057) inspections of farm dairy premises. They also monitored the maintenance and cleanliness of bulking depots and milk tankers.

A further duty of the inspectors is the regular sampling of the bulk milk of each producer. This is done on the farm in the case of bulk supplies or on the receiving platform at local depots in the case of producers supplying in cans. In practice each producers' milk is sampled approximately every six weeks.

During the year the inspectors rejected 1 160 l of raw milk due to the presence of excessive sediment.

The departmental laboratory tests the herd milk samples brought in routinely and also tests samples of tanker milk, farm water, swabs from dairy equipment and the like. All testing is done as an aid to clean milk production and results are sent to producers and the distributing company concerned so that corrective action can be taken wherever necessary.

The full range of pasteurised milk and milk products are also regularly sampled at factories, depots and retail outlets and again tests are performed to check hygienic quality. Scooped ice-cream, soft serve and milk sold by tea rooms, restaurants and hotels are also sampled routinely so that the hygienic handling and serving of these products can be monitored. A follow-up system operates to insure that satisfactory bacteriological standards are maintained.

The departmental laboratory is staffed by a medical technologist and a trained woman laboratory assistant who are responsible for the analysis of all samples.

STATISTICS OF SAMPLES TAKEN AND TESTS PERFORMEDA. SAMPLES

(a) Samples taken under the Foodstuffs, Cosmetics and Disinfectants Act and tested by State Chemical Laboratory:

(i) Milk	54 (53)
(ii) Cream	12 (23)
(iii) Ice-cream	9 (2)
(iv) Other milk products	11

(b) Samples submitted to departmental laboratory:

Raw bulked milk	4 261 (4 170)
Pasteurised milk	2 177 (1 938)
Pasteurised cream	341 (194)
Cultured milk products	1 130 (738)
Ice-cream, soft serve, iced confections	2 275 (1 779)
Separated and low fat milk	212 (163)
U.H.T. pasteurised products	67 (44)
Milk and milk shakes	81 (84)
Flavour milk	124 (22)
Swabs, rinses and Agar sausages	393 (625)
Prepared foods	117 (149)
Fresh seafoods	30 ()
Waters and effluents	304 (249)
Equipment sterility	315 ()

B. TESTS PERFORMED IN DEPARTMENTAL LABORATORY

(a) Milk and Milk Products:

Coliform count	6 359 (4 880)
Eijkmann test	10 544 (9 164)
Thermoduric count	4 251 (4 114)
Methylene blue reduction	2 279 (2 105)
Resazurin reduction	1 055 (1 513)
Phosphatase test (A & M)	4 901 (3 824)
Brucellosis (stained antigen)	3 543 (3 332)
Mastitis (electronic cell count)	3 637 (3 663)
Inhibitory substances (T.T.C. and 'Thermocult')	4 776 (4 762)
Flavour, sterility and stability	201 (177)
Sediment	1 288 (1 523)

(b) Samples of Prepared Foods:

Eijkmann tests

Staphylococci, entero-
bacteria and clostridia
determinations

1 617 (1 647)

(c) Water and Effluent samples:

Membrane filtration

(coliform and E. coli I
counts)

1 442 (1 320)

(d) Miscellaneous:Fresh seafoods, swabs, rinses.
equipment sterility and
impression culture surveys,
etc.

1 485 (2 188)

C. RESULTS OF TESTS ON PRODUCER (FARM) MILK:

Test	Number of Samples	Percentage Satisfactory
Resazurin - one hour	1 055 (1 393)	92,5% (97%)
Sediment	1 288 (1 523)	95,5% (94%)
Inhibitory substances	3 476 (2 713)	93% (94,5%)
Thermoduric count	3 655 (3 458)	80% (84%)
Somatic cell count	3 637 (3 435)	88% (81%)
Brucellosis - ring test	3 543 (3 337)	93% (86%)
Eijkmann - using 0,01 ml.	3 589 (3 458)	92% (92,5%)

Note: The standards used in interpreting the above tests are:

- (i) One hour resazurin test - fail if disc reading below 3 1/2.
- (ii) Thermoduric organisms - > 50 000 per ml. unsatisfactory.
- (iii) Somatic cell count - > 10⁶ cells per ml. unsatisfactory.

D.

RESULTS OF TESTS ON ROUTINE SAMPLES OF PASTEURISED MILK AND MILK PRODUCTS

		Test and Percentage Satisfactory			
	Number of Samples	Methylene Blue Reduction	Phosphatase	Califarm count	Eijkmann test
A. <u>Pasteurised Milk</u>					
(i) Glass bottles	500 (481)	84% (96)	100% (99,8)	95% (97)	100% (98,7)
(ii) Plastic bottles and sachets	626 (441)	95% (99)	99,8% (99,8)	94% (96)	99,5% (99,3)
(iii) Baard containers	855 (820)	86% (96,5)	100% (100)	93% (96)	99,4% (99,4)
(iv) Cans	196 (146)	90% (99)	100% (100)	90% (96)	99% (98,6)
B. <u>Cream</u>					
	341 (186)	79% (91)	100% (100)	84% (91)	94% (96,8)
C. <u>Separated and Low Fat Milk</u>					
	312 (162)	91% (92,5)	100% (98,8)	89% (88)	98,7% (98,1)
D. <u>Cultured Products</u>					
	1 130 (710)			97% (97)	98,6% (98,0)
E. <u>Flavoured Milk</u>					
	124			95%	98%
F. <u>Dispensed Milk</u>					
	81		100%	26%	85%
G. <u>Frozen Milk Products</u>					
(i) Factory Ice Cream	482 (399)		100% (100)	86% (92,5)	97,7% (99,2)
(ii) Retail Scaup Ice Cream	663 (268)		100% (100)	60% (71)	97,8% (97)
(iii) Factory soft mix	392 (423)		100% (100)	89% (94)	95,9% (98,1)
(iv) Served soft mix	300 (308)		100% (100)	48% (45)	94% (90,3)
(v) Iced Confections	357 (207)		100% (100)	86% (86)	97,8% (96,6)

X. PROSECUTIONS

It was necessary to resort to the institution of legal proceedings for contraventions of various legal codes administered by the department, when either warning measures proved ineffectual or serious deviations from prescribed standards were encountered. During the year a total of 289 prosecutions were finalised. The majority of these cases (223) fell within the Durban magistracy, 54 cases were referred to the regional court at Chatsworth, and 12 to the Inanda Court at Verulam. The fact that the City of Durban falls within three separate magisterial areas causes a certain amount of inconvenience.

It is extremely satisfying that of this total of 289 prosecutions, a verdict of 'not guilty' was recorded in only one case. This high degree of success is attributed to several factors, including the professional services of the legal section of the Town Clerk's department for prosecuting when the accused is represented by legal counsel, the pre-trial liaison with the City Police department, the proper presentation of evidence by the inspectorate, and departmental screening of all facets of the case before recommending prosecution.

A total of 10 cases were withdrawn during the year, mainly because the accused had absconded and could not be traced despite intensive investigations and consequently considerable time had elapsed since the date of the offence.

The number of 'counts' reflecting the actual sections of the law contravened numbered 454, and are summarised as follows:

Contravention	Admitted Guilt (counts)	Found Guilty (counts)	Fines Paid R	Remarks
<u>FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT 1972.</u>				
Minced meat : Excess Preservative	2		120	
Boerewors : Excess Preservative	1		60	
Boerewors : Less than 90% total meat	3		180	
Sausages : Less than 75% total meat	2		120	
Curried Brawn: Less than 75% total meat	1		60	

Contravention	Admitted Guilt (counts)	Found Guilt (Counts)	Fines Paid R	Remarks
<u>FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT 1972. (Continued)</u>				
Garlic Polony : Less than 75% total meat	1		60	1 Not Guilty
Pork Sausages : Less than 1,5% Protein Nitrogen		1	100	
Vinegar : Less than 4% Acetic Acid	3		55	
Incorrect labelling	2		140	
Sold unlabelled foodstuffs	1		10	
<u>SLUMS ACT, 19</u>				
Breach of Slum Court Order	3	1	140 100	1 withdrawn
<u>MOSQUITO REGULATIONS, NO. 35 OF 1967</u>				
Allowed collections of water and mosquitoes development	1	1	40 50	(or 25 days)
<u>LICENCES AND BUSINESS HOURS ORDINANCE</u>				
Carried on a business without a licence	6	3	220	1 Withdrawn
<u>BUILDING BYLAWS</u>				
Lack of sanitary accom- modation for workmen	7	1	360 40	1 withdrawn (or 20 days)
<u>FOOD BYLAWS</u>				
Dirty conditions (Premises)	43	3 1 1 1	2 770 175 30 60 150	2 withdrawn (or 15 days) (or 30 days) (or 75 days)

Contravention	Admitted Guilt (counts)	Found Guilty (counts)	Fines Paid R	Remarks
<u>FOOD BYLAWS</u> (Continued)				
Food exposed to contamination	25	2 1 1	1 550 55 10 (Cautioned and discharged)	1 withdrawn (or 10 days)
Sold contaminated or unsound food	15		930	
Unrefrigerated perishable food	15	4	700 95	
No refrigeration provided	1		40	
No protective clothing	12	3	460 85	2 withdrawn
Dirty clothing worn by foodhandlers	1		30	
No toilet paper	1	1	30 25	
No soap, towel, etc.	9		290	1 withdrawn
Clothing in a food room	4		130	1 withdrawn
Incompatible articles in a food room	8		230	
No hot water supply	3		140	
No refuse receptacles provided	1		40	
Animal/Birds in a food room	3		160	
Dirty utensils	11	1	470 30	
Persons sleeping in a food room	2		120	
No adequate kitchen/ scullery facilities provided	1		60	
Food room not rodent proofed	1		40	
Building in disrepair	1		60	

Contravention	Admitted Guilt (Counts)	Found Guilty (Counts)	Fines Paid R	Remarks
<u>FOOD BYLAWS (continued)</u>				
Wrapping bread in news- paper	2		50	
Meat not conveyed in suitable container		2	50	
Prepared, sold or stored food in unsuitable premises	4	2	200 50	
Sold food from a dwelling	23		690	
Unregistered vehicle	35		1 200	
Dirty food vehicle	17	3	940 85	
Food conveyed in unsuit- able vehicle	2		70	
Food vehicle in disrepair	2		100	
Vehicle not purpose designed	2	1	100 25	
<u>MILK (AND MILK PRODUCTS BYLAWS)</u>				
Contaminated milk	5		340	
Contaminated maas	1		60	
Contaminated ice-cream	2		120	
Contaminated cream	3		180	
Contaminated soft dairy Mix	1		60	
Sold unpasteurised milk				1 withdrawn
Hawked milk - illegally	1		40	
Sold milk obtained from an unregistered milk dealer	1		60	
Introduced milk into Durban - non milk dealer				1 withdrawn

Contravention	Admitted Guilt (counts)	Found Guilty (counts)	Fines Paid R	Remarks
<u>PUBLIC HEALTH BYLAWS</u>				
Dirty conditions	22	4	1 045	
		1	125	
		1	50	(or 25 days)
		1	10	(or 10 days)
		1	40	(or 40 days suspended for 3 years)
Insufficient refuse receptacle	2		70	
Building in disrepair	3		110	
Defective water pipes	1		40	
Defective water closet cistern	4	1	130	
		1	20	
		1	10	(or 10 days)
Defective water closet pan		1	10	(or 10 days)
Drains in disrepair	5		210	
		1	30	
No toilets provided		1	15	
External repainting		1	20	
Fly and mosquito development	3		130	
Fly development	8		320	
		2	80	
		1	5	(or 5 days)
Mosquito development	1		30	
Rodent infestation	1		60	
Kept goats without permit		1	(Cautioned and discharged).	
Poultry kept in un- approved building	2		85	
Swimming bath : Chlorine deficiency	2		80	
Faecal coli in swimming pool	1		40	

Contravention	Admitted Guilt (Counts)	Found Guilty (counts)	Fines Paid R	Remarks
<u>SCHEDULED TRADES AND OCCUPATIONS BYLAWS</u>				
Unauthorised spray-painting	1		40	
<u>GENERAL BYLAWS</u>				
Unauthorised dumping	9		260	
Exposed for sale goods on a public thorough- fare	2	1	50 15	1 withdrawn
Hawked from unapproved fixed stand	1		25	
<u>DRY CLEANERS BYLAWS</u>				
Unregistered vehicle	2		100	
Failed to separate cleaned/uncleaned clothing	2	1	80 60	
No protective clothing		1	40	
Buildings and drainage in disrepair				1 withdrawn
<u>SEWERAGE BYLAWS</u>				
Discharged effluent into a Municipal stormwater drain	1		60	
	364	72	19 460	

Admitted Guilt	364
Found Guilty	72
Withdrawn	17
Not Guilty	<u>1</u>
	<u>454</u>

XI. HEALTH EDUCATION

INTRODUCTION

Health Education is the process by which individuals and groups of people learn to promote, maintain or restore health. Its aim is to develop within the community a sense of responsibility for health conditions, as individuals, as members of families and as a community. A prime target group is the schoolchild, where health education is able to prepare them for the adult world. It often requires a change in attitudes.

A full staff complement was maintained throughout the year and a total of 12 820 health education sessions were held with some 397 422 persons attending.

HEALTH YEAR

1979 was proclaimed 'Health Year' in the Republic and this section in particular was under extreme pressure throughout the year. The staff did their utmost to meet the proposed Health Year objectives which were to:

- (i) spread knowledge of health services;
- (ii) promote the concept of healthy living;
- (iii) stimulate personal awareness of good health;
- (iv) generate active community involvement in health matters.

Lectures, discussions, demonstrations, film and slide shows were presented at clinics, schools, scout, cub, guides and Brownie groups, church groups, voluntary aid groups, neighbourhood and other community groups including ratepayers' associations in an endeavour to promote these concepts. The 'Silent Guardian' depicting the health services of the Department was shown at each and every health event. Quizzes were held after each showing and winners were awarded prizes donated by the business community.

A highly successful Family Fun Run drew over 900 participants all of whom received prizes, once again donated by the business sector.

The first of a number of symposia held in the auditorium, during the year, was that staged in conjunction with the State Health Department and formally opened by the Secretary for Health Dr. J. de Beer. The second was a symposium entitled 'A Healthy Community Cares and Shares'. This was a half day event followed by a panel discussion in the evening. This in turn was followed by a symposium entitled 'Accidents to Children' which in addition to proclaiming Health Year also gave emphasis to the 'Year of the Child'.

Later in the year a panel discussion entitled 'Our Child in Your Hands' was organised by the Family Health Neighbourhood Groups.

The auditorium was used as a venue by a number of prominent persons to give lectures to the staff and invited members of the public. They included Professor U. J. Rudolf of the U.S.A. who gave a lecture on the 'Physical Examination of the Newborn Infant'. Dr. Hendy of the United Kingdom and World Health Organisation gave a talk on 'Infant and Child Nutrition.' Mr. D. M. Baird, Executive Director of the National Council on Smoking, and Health of South Africa gave a lecture on 'Smoking and the dangers thereof.' Professor A. Moosa, head of the Department of Paediatrics and Child Health, Natal University gave a lecture on the 'Neuro-development Assessment of the Infant.'

In addition to the above the auditorium was used as an in-service venue by the Family Health, Family Planning, Health Education, Health Inspection, and tuberculosis and Community Liaison Sections. It was also used by the City Engineer's Department and City Police Department for in-service training, and by the National Building Research Institute, the Institute of Water Pollution Control and the Medical Association for meetings and in-service training.

Health Year culminated in 'Health Year Highlights' being held in the Department with the auditorium as the focal point. A selection of the best displays, role plays and songs which had been produced at the 39 clinic open days and other health year events were presented. Approximately 3 000 members of the community attended this event and refreshments were served to all by courtesy of His Worship the Mayor of Durban.

STUDENT TRAINING

Apart from the in-service training given to members of the department, students from the Technikons, hospitals and universities received practical training within the section. They included student Health Inspectors, Community Health Nurses, Midwives, Nurses, Pharmacy students and Medical students.

BLACK COMMUNITY

A great effort was made by this sector to promote the 'Health Year' concept. As part of the promotion and with the object of creating community involvement, songs, role plays, demonstrations and handicraft exhibitions were presented.

In the Chesterville area the year began with an intensive house-to-house campaign to encourage group formations. The groups formed were located in four centres, the A.M.E. Church, Ethiopian Church, Congregational Church and the Family Health Clinic. The emphasis was directed at self-help projects resulting in many a new vegetable garden being started.

Selected topics were presented monthly viz: Emergency Resuscitation in April, Mental Health and Care of the Aged in May, Burns and Home Safety in June, Adolescence and Sexually Transmitted Diseases in July, Nutrition and Budgeting in August, Child Care in September, Tuberculosis in October, Alcoholism in November and 'Wonder-Box' (economical cooker) demonstration in December.

In the Lamontville area vegetable gardening was high on the list of priorities. A Horticultural Show was organised with prizes being awarded for the best display of fresh produce. Community involvement was encouraged and collaboration with community agencies resulted in an exhibition being staged together with the Port Natal Administration Board's Social Welfare section, S.A.N.E.L., Nicro, Mental Health Society and Child Welfare Associations.

In close co-operation with the Health Inspection Section many hotels, restaurants, food factories and other food handling establishments were visited where staff were presented with a series of health education programmes

Health Education continued throughout the year in the men's hostels with a certain amount of success being achieved in destroying misconceptions in the causes of tuberculosis and sexually transmitted diseases. Alcoholism, smoking and family responsibility were some of the other topics covered with this group of the community. A health education programme for 'visiting wives' covering such topics as gastro-enteritis, child care, immunisation and budgeting was presented throughout the year.

A summary of the activities is as follows:

<u>Media</u>	<u>No. of Sessions</u>	<u>Venues</u>	<u>Topics</u>
Talks; Films; slide-talks; pamphlets; lectures; demonstrations; models; flipcharts; flannelgraphs	6 620	Halls; Clinics; Factories; Women's and Church groups; Schools	Alcohol; Care of Aged; Budgeting; Bilharzia; Dental care; Spread of Disease; Drugs; Family Planning; First Aid; Food Handling; Flies; Home Safety; Gastro-enteritis; Hygiene (Personal and Environmental), Immunisation; Infant Care; Intestinal Parasites; Kwashiorkor; Mental Health; Nutrition; Scabies; Smoking; Tuberculosis; Venereal Disease; Malaria; Dental Care; Epilepsy; Care of Feet; Adolescence; Keep fit and Family Responsibility
<u>Attendances</u>	145 990		

INDIAN COMMUNITY

To create an awareness of health and to encourage community involvement and participation in health year, exhibitions, seminars and open day events in the family health clinics and schools were organised.

An exhibition was held in the Sungum Hall in Westcliff Chatsworth, with the health year emblem of vitality, joy and fitness being chosen as its theme. The exhibition was entitled 'A Nation's Health is a Nation's Wealth'. Stalls were set up depicting Safety in the Home, Child Care, Physical Fitness, First Aid, Environmental Hygiene, Nutrition, Immunization, Family Planning and Food Hygiene. Demonstrations involving the St. John Ambulance Brigade, National Road Safety, National Council for Alcoholism and Drug Addiction and the Nutrition Advisory Board were presented.

The exhibition was a great success. It was visited by over 2 000 adults and some 4 500 school children.

This section was actively involved in all the clinic 'open days' held in the Indian areas, with talks, demonstrations, slide and film shows being offered. The 'Silent Guardian' was shown on all these occasions with a quiz and prizes of T-shirts with the Health Year emblem, baby cereals and other practical prizes being awarded.

Many requests were received from schools to set up a Health Education programme to celebrate Health Year. In an effort to ensure community involvement many of the school open-days were held at the week-ends and in the evenings. All sections of the department assisted in these activities.

In collaboration with the Kharwastan Sports Association a sports gala for the residents of Chatsworth was organised. This was attended by some 1 000 people. An exhibition entitled 'A Child : The Hopes of Tomorrow' was organised in conjunction with a local church in Chatsworth. Sketches, plays and musical items were presented. This exhibition was attended by about 1 500 persons.

Assistance was given to the State Veterinarian during the anti-rabies campaign. Use was made of the broadcasting vans and the response was overwhelming resulting in a very satisfactory campaign.

A summary of the activities is as follows:

<u>Media</u>	<u>No. of Sessions</u>	<u>Venues</u>	<u>Topics</u>
Films; Talks; Models; Flip Charts; Demonstrations; Slide-talks; Flannelgraphs; Pamphlets	4 486	Churches; Factories; Hospitals; Women's and Church Groups; Schools	Bilharzia; Care of Feet; Child Development; Drugs; Family Planning; Food Hand- ling; Home Safety (Personal and Environmental); Hygiene; Immunization; Infant Care; Nutrition; Physical Fitness; Pregnancy and Child Birth; Smoking; Tuberculosis; Venereal Diseases; Malaria Resuscitation; Nits and Lice; Budgetting; Mental Health and Pollution.

Attendances 210 698

COLOURED COMMUNITY

Alcoholism appears to be one of the major problems confronting this community and heavy emphasis was placed on this subject as part of the health year campaign. Talks and films with assistance from the relevant agencies were presented.

The Health Education section participated in all the clinic 'open days' where a number of neighbourhood groups were utilised to give cooking demonstrations. These were augmented by the lecturers giving talks on nutrition, vegetable gardening and budgeting.

An open day for the aged was held in the Sparks Estate Community Hall. The theme was 'Growing Old adds Life to your Years'. It was very well attended with the audience participating in many of the activities presented. The message was that growing old does not mean one cannot have a healthy, full and useful life.

A summary of the activities is as follows:

<u>Media</u>	<u>No. of Sessions</u>	<u>Venues</u>	<u>Topics</u>
Talks; Film- talks; Slide- talks; Models; Flip Charts; Demonstrations; Flannelgraphs; Pamphlets.	1 417	Clinics; Hospitals; Factories; Schools; Women's and Church Groups	Adolescence; Alcoholism; Breast Feeding; Budgeting Burns; Dental Care; Spread of Disease; Maturation; Growing Up; Adolescence; Infant Care; Menstruation; Nits and Lice; Nutrition; Bilharzia; Scabies; Smoking; Tuberculosis; Venereal Diseases; Drugs; Mental Health

Attendances 34 567

WHITE COMMUNITY

In this sector the workload was redistributed so as to allow for more time to be spent in the field. This resulted in an improved service.

A number of health year events were staged including a four day nutritional display at one of the large supermarkets. 'The Silent Guardian' was shown at this display with a quiz, the winners receiving prizes. A nutritional display was also staged at one of the large beachfront hotels in conjunction with a Food and Drink seminar arranged by one of the large newspaper groups.

The section participated in all the open day events held in the Family Health clinics - Health Year programmes were arranged in schools and for Cub, Brownie and Guide groups.

A regular health education service was being provided at all the clinics, mothers awaiting attention were given talks and demonstrations and shown films and slides on health matters.

A summary of the activities is as follows:

<u>Media</u>	<u>Number of Sessions</u>	<u>Venues</u>	<u>Topics</u>
Films; Talks; Slides; Models; Demonstrations; Flannelgraphs; Pamphlets	297	Clinics; Factories; Hospitals; Women and Church Groups; Boy Scouts; Guides; Cubs; and Brownies; Durban Chest Clinic; Civil Defence; Schools	Bilharzia; Dental Care; Care of Feet; Drugs; Child Development; Family Planning; Home Safety; Personal and Environmental Hygiene; Immunisation; Infant Care; Nutrition; Physical Fitness; Pregnancy and Child Birth; Smoking; Snakes; Tuberculosis; Venereal Diseases; Malaria; Resuscitation; First Aid; Mental Health

Attendances: 6 167

XII. ALLIED HEALTH SERVICES

Certain ancilliary public health services are undertaken by other authorities and municipal departments. I am indebted to the Meat Board and the Director, Parks, Recreation and Beaches Department for supplying the following information for the year under review.

ABATTOIR SERVICES

The Durban Abattoir, Sydney Road, closed down on 26 June 1979, and operations were transferred to the ultra-modern abattoir plant at Cato Ridge. As the new Cato Ridge abattoir supplies the meat requirements for Durban, Pietermaritzburg, and other areas, and there is free movement of meat between the two cities, it is not possible to isolate the quantities of sound carcasses introduced to Durban alone.

However the following statistics reflect the total slaughters in Cato Ridge and Durban abattoirs for the period January to December 1979, figures for the previous year (Durban abattoir only) being given in parenthesis.

Animal	Slaughtered	Condemned
Bovines : Mature	205 938 (178 537)	3 872 (2 254)
Calves	9 048 (10 737)	1 349 (1 952)
Swine	43 756 (76 125)	1 593 (2 003)
Sheep and Goats	955 529 (899 437)	10 725 (9 585)

CEMETERY SERVICES

(a) Interments and Cremations

Race	Interments	Cremations	Total
White	716	2 381	3 097
Coloured	305	-	305
Black	178	-	178
Indian	1 320	833	2 153
Total	2 519	3 214	5 733

Since the establishment of the Regional Cemetery outside Durban at the Ntuzuma Township, the number of Blacks buried in Durban has decreased substantially.

(b) General

The number of burials at Mobeni Heights and Merewent Cemeteries increased. It is anticipated that the land available at these cemeteries should be sufficient to meet the requirements of the community for the next fifteen to twenty years. The development of a further cemetery will be considered, in the next two or three years, at Crossmoor in the Chatsworth area.

The subject of regionalisation of cemeteries is still receiving the attention of the Metropolitan Consultative Committee.

ENGINEERING SERVICES

Within the Durban local authority, water purification and reticulation, cleansing services, and the control of sewerage and air pollution fall under the jurisdiction of the City Engineer. Information concerning these services may be found in his annual report.

XIII. GENERALMEDICAL BUREAU

The activities of this section remained the same as last year and comprised:

- (a) the pre-employment examination of White, Coloured, Indian and graded Black entrants to the Municipal Service;
- (b) the convening of medical boards and medical examinations;
- (c) a medical consultation service for certain employees;
- (d) relief duties at departmental clinics;
- (e) Vi-testing of food handlers;
- (f) the surveillance of injured on duty reports;
- (g) liaison with Provincial hospitals in connection with infectious diseases cases;
- (h) checking coding of causes of death for compilation of statistics;

In addition an annual re-examination of all Municipal drivers for public vehicle certificates was introduced having previously been performed by a private practitioner.

STATISTICS

Service	White		Coloured		Black		Indian		Total
	M	F	M	F	M	F	M	F	
Pre-employment Medical Examination	714 (625)	324 (253)	33 (13)	15 (10)	141 (96)	3 (3)	138 (179)	10 (13)	1378 (1192)
Consultations	342 (409)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	- (-)	342 (409)
Medical Boards	20 (29)	2 (-)	- (-)	- (-)	37 (25)	- (-)	11 (7)	- (-)	70 (61)
Public Vehicle Drivers Certificate	73	(-)	1	-	135	-	673	-	882

HEALTH YEAR : 1979

The State undertakes the promotion of various topics from time to time and 1979 was launched as National Health Year.

The main objective of Health Year 1979 was to cultivate amongst the community a greater awareness and knowledge of the benefits of good health. This campaign was conducted on a nation-wide basis at State, Provincial, Local Government and private organisation levels. A resume of the activities of the City Health Department during 1979 is set out below:

1. During February a symposium, organised jointly by the State and City Health Departments, was held in the City Health Department premises in Old Fort Place. Many prominent speakers, including the Secretary for Health, Dr. J. de Beer, Mr. D. Watterson M.P.C., Mr. J. Reddy, Chairman of the S.A. Indian Council and Dr. J. Van Rensburg, Regional Director of Health Services delivered talks on a variety of interesting subjects ranging from the Metropolitan Health Concept to Health Education. A film and slide presentation were also viewed, and the afternoon session was devoted to a wide spectrum of workshop studies.
2. In March and then throughout the year a total of 39 'open days' were held at Departmental clinic premises. The prime object of these 'open days' was for the public to appreciate the services offered by the clinics, and for regular attenders to participate in the organisation and presentation of programmes. Additionally programmes were arranged in response to community requests and expressed interests, and included talks and demonstrations on a wide range of subjects such as child care and development, family planning, nutrition, alcoholism, tuberculosis, teenage problems and home safety. 'The Silent Guardian' - a slide show featuring the various activities of the department, was widely exhibited to the public. Health quizzes and the presentation of prizes added interest to these events. This was amply demonstrated in that attendances exceeded 30 000.

A particularly rewarding feature of the open day sessions was the extent to which the community participated. Neighbourhood groups, various women's groups and special interest groups in the local community were invited to display handwork and projects, and give talks to the audience on their own experiences on such topics as breast feeding, the use of family planning methods, and the aims of neighbourhood and special interest groups in the community. In some areas local schools displayed a great interest in these open days, and hundreds of school children were brought to clinics where special programmes were arranged.

3. The fifty-second South African Congress of the Medical Association of South Africa was held at the University of Natal in July. The City Health Department played a prominent part in the scientific exhibition at the Congress, which included, by courtesy of the State Narcotics Bureau, a display of the most commonly abused drugs, i.e. opium, heroin, barbiturates, amphetamines and a host of others as well as dagga. Various home-made syringes, pipes and common methods of smuggling and hiding L.S.D. and other drugs were exhibited too.

Other features included a display depicting the life cycles of malaria parasites and their vectors, the biological control of mosquitoes, an exhibition of live bilharzia snails and cercariae, and a video tape presentation of the bilharzia life cycle which included the penetration of the skin by a cercariae.

Demonstrations of feeding bottles through the ages served to emphasize problems of gastro-enteritis and the superiority of breast feeding was visually displayed. The exhibition drew a large attendance and very favourable comment. Tribute was paid to its high standard by the Secretary for Health.

4. During August a 'Family Fun Run' - aimed at family participation was organised by the Health Department and attracted a large entry of some 900 competitors. Health year T-shirts, product prizes, track suit badges and other prizes, generously sponsored by local firms and businesses, were distributed to all contestants.

5. The Chesterville Clinic open day in September was combined with the official handing over and opening of the new clinic premises. Township schools were closed to enable scholars to participate in the proceedings, and it is estimated that 10 000 adults and children attended the function. The proceedings at Chesterville commenced with a procession of officials from the Port Natal Administration Board and City Health Department being led to the community hall by a band of Boy Scouts, a platoon of Girl Guides, and a company of drum majorettes aged six years old. A large symbolic key was handed to the Chairman of the Urban Community Council as a symbol that the clinic belonged to the community and was their responsibility.

6. Additionally throughout the year by invitation, numerous talks/lectures were presented by senior members of the staff to various organisations and associations.

7. The programme for Health Year culminated in an open day at the City Health Department headquarters in Old Fort Place, entitled 'Health Year Highlights'. This comprised a selection of the best of the visual displays, role plays and songs which had been produced for the 39 open days held at the various clinics throughout the year, and the object was that each community could

acknowledge and appreciate the role played by the other communities in the Health Year Programme. The presentation covered all aspects of community and environmental health care as well as the functions of the department. Approximately 3 000 people attended the function, among whom were representatives of the State Health Department, Provincial Hospitals, the City Council represented by the Mayor and Deputy Mayor, voluntary organisations, other Municipal departments, and a cross section of the general public.

CONFERENCES AND SEMINARS

In addition to those recorded under the preceding section (Health Year) the City Medical Officer of Health attended a number of symposia, conferences and seminars during the year in a professional capacity or representing the City Council or City Health Department as follows:

Annual General Meeting : Preventive and Community
Medicine Group, Johannesburg January;

Neighbourhood Groups: 'A Healthy Community Cares
and Shares', Durban March;

S.A. National Council for Mental Health : Biennial
General Meeting : National Mental Health Symposium,
Pretoria March.
The City Medical Officer of Health delivered an
address at this symposium entitled 'The Role of the
Local Authority in Relation to Health Legislation'*
which has been included in this Annual Report as
Appendix "D";

Conference : Drug Abuse and the Abuse of Medicine,
Pretoria April;

C.S.I.R. Conference : National Symposium on Water
Fluoridation, Pretoria October;

International Housing Conference, Cape Town
..... October;

Umgeni River Catchment Association Meeting,
Pietermaritzburg October;

Institute of Public Health Biennial Health Congress,
Pretoria November;

Function for Finale of Health Year, Johannesburg,
..... November;
as guest of the Minister for Health.

Further to the above Dr. C. R. Mackenzie, City Medical
Officer of Health delivered the following addresses:

'Community Health - A Challenge to the Future Nurse'
to the S.A. Nursing Association, Indian Branch,
Durban May;

(* published in the September 1979 issue of "CURATIONIS")

'Durban Psychiatric Co-ordinating Committee : A Review after One Year' : Community Psychiatry Workshop, Durban August.
A copy of this review has been included as Appendix "E" of this Annual Report.

'The Role of the Local Authority in the Co-ordination of Health Services' : Community Health Seminar, Durban.

Dr. Mackenzie also gave radio broadcasts on Health Year activities as undertaken by the department, and presented several slide shows of 'The Silent Guardian' (the functions of the Department) at various venues, including the Natal Chamber of Industries and the Rotary Club of Durban.

In addition throughout the year, Dr. Mackenzie attended various meetings of the Branch Council of the Medical Association of South Africa; the Executive Committee of the South African National Council for Health Education; the Natal Branch Council of the Institute of Public Health; the Preventive and Community Medicine Group of the Medical Association of South Africa; the Steering Committee for the monitoring of Durban's Bathing Beaches (Chairman) and the Natal Regional Council of the S.A. Red Cross Society. He also attended meetings as a Director of Medical Emergencies, a non-profit making organisation running the radio call and signal needs of the medical profession

Other executive staff attended as follows:

Deputy City Medical Officer of Health (Dr. Becker)

International Conference on Disaster Medicine
Cape Town;

Annual Security Conference : Security Association
of South Africa, Durban;

Seminar : The Child and the Law : Durban Child and
Family Welfare Society, Durban.

Deputy City Medical Officer of Health (Dr. Richter)

Workshop on Epidemiology, University of the Witwaters-
rand, Johannesburg;

International Conference on Air Pollution, Pretoria;

Advisory Committee of the Animal Slaughter, Meat and
Animal Products Hygiene Act, Pretoria;

Symposium : Health Aspects of Water Supplies, Pretoria.

Assistant Medical Officer of Health (Dr. Brown)

National Tuberculosis Conference, Pretoria;
 International Conference on Disaster Medicine,
 Cape Town.

Personal Assistant (Mr. M. Johnston)

International Conference on 'Computers in Health
 Care' Johannesburg.

A Community Health Nurse from the Health Education Section attended the Tenth International Conference on Health Education held in London from 2 - 7 September 1979. The theme of the conference was 'Health Education in action; achievements and priorities.'. There were three sub themes: Public Policy; Youth and Methodology. Of particular interest to the delegate were the papers on Methodology, dealing with assessment of needs and definition of priorities. Discussions were held on definition of objectives, evaluation of health education programmes and education strategies. The Community Health Nurse was able to inform delegates from other countries of the work being done in the health education field by the Durban City Health Department.

Throughout the year the City Council also authorized various medical, nursing and health inspectorate personnel of the department to attend courses, symposia and lectures where it was considered in the Council's interests to do so.

VISITORS

During September, the Hon. Mr. Mahesh Teeluck, Minister of Health, Mauritius and Dr. J. C. Mohith, Principal Medical Officer, Ministry of Health, Port Louis, Mauritius, accompanied by Dr. S. R. Deenadayalu, a local medical practitioner, visited the department. In the absence of the City Medical Officer of Health, they were welcomed by Dr. Richter, and met various senior officials of the department. Although the visit was of brief duration, there was an interchange of ideas and discussion on a variety of public health matters, to mutual benefit.

EXECUTIVE AND POLICY MEETINGS

Throughout the year the City Medical Officer of Health or one of the Deputies attended the monthly meetings of the Health and Housing Sub-committee of the City Council, and either attended personally or arranged for departmental representation at other sub-committee meetings as and when necessary. Periodic meetings of the Departmental Scrutiny and Review Sub-committee, and staff liaison meetings, were also held.

In addition throughout the year, a number of meetings were held with other organisations, authorities or bodies, to discuss at executive level matters of policy and importance, and whilst the following is by no means a comprehensive summary, it serves to indicate the range of subject discussion:

Milk Sampling Programme : Local Milk Distributing Companies.
Training Programmes for Student Health Inspectors: 3 major
Technical Colleges.

Mobile Home Parks : Developer.

Prosecution Policy : Local Milk Distributor.

Cottage Industries : S.A. Indian Council representative.

Proposed Milk Bylaws Amendments : Producer's Union
and Milk Distributor's Association.

Introduction of Milk Scheme to Natal : Dairy Control Board.

Slum Clearance Programme : Chairman and Secretary of
Slum Clearance Court.

Frozen Pre-packed Meat Sales by General Dealers : Meat
Board.

The Working Party re Municipal Health Services of the Durban Metropolitan Area comprises the City Medical Officer of Health, Durban as convenor/chairman, the Regional Director of Health Services, the Director of Provincial Hospital Services, the Medical Officer of Health, Pinetown and the Medical Officer of Health, Development and Services Board. During the year one meeting of the Working Party was held in April to discuss the implementation of the new concept outlined in the Health Act 1977, with special reference to clinic facilities and co-ordinating curative and preventive services; and the establishment of emergency medical and allied facilities in the Durban metropolitan area. Whilst various recommendations were made to the Durban Metropolitan Consultative Committee in the latter regard, it was decided to postpone further meetings of the Working Party concerning the former matter, pending policy decisions from the National Health Policy Council and the Health Matters Advisory Committee, and the promulgation of various sections of the Act.

During the previous year (1978), a Technical Sub-committee comprising representatives from the local authority areas of Amanzimtoti, Durban, New Germany, Pinetown and the Umbogintwini Health Committee formulated a set of draft Public Health Bylaws for the Durban Metropolitan Area. These draft bylaws are intended to form the basis of uniform health standards throughout the metropolitan area, and deal with all aspects of environmental sanitation, food control, meat, milk and milk products, personal services, and scheduled trades and occupations.

During 1979, the draft Public Health Bylaws were circulated for comment amongst the various local authorities, and arising therefrom it was necessary to reconvene the Technical Sub-committee on no less than seven occasions during August through to November to consider the points raised.

Despite the desirability and need for uniform health standards, it is becoming apparent that various legal and practical difficulties exist in trying to frame a modern legal code which could be adapted to meet the varying urban, peri-urban and rural circumstances throughout the metropolitan area.

TRAINING

During the year under review the Department provided facilities for the practical training of students from various educational institutions and for varying periods of time.

Health Inspector students studying for the National Diploma in Public Health and attending the Natal College for Advanced Technical Education, the M. L. Sultan College, and the Edendale Technical College, were accommodated for varying periods of time in order that their obligatory 20 days per year practical training could be fulfilled.

In the practical training of these students, specially prepared programmes were followed which provided for the fullest possible coverage of the subjects being studied by the students in their particular year of the course curriculum.

In addition, comprehensive instruction and practical demonstration on the functions of various sections of the Department was afforded to Student Nurses, Pharmacy, Community Nursing, Medical and Social Science students and Medical Registrars.

The greatest amount of training involved nursing students and a full report appears in the chapter on Family Health.

Various lectures and topic teaching sessions were given at the Natal Medical School to medical students by medical staff members, including the City Medical Officer of Health, who is also moderator and external examiner for the Department of Pharmacology at the University of Durban-Westville.

The department continued to organise as a matter of routine, a comprehensive induction training programme for new employees, covering all aspects of the department's services. These programmes are proving very successful.

NURSING AWARDS

With a view to encouraging trainees, the City Council makes certain awards and presents commemorative certificates to outstanding nursing students undergoing training courses at general hospitals in Durban. During 1979, the annual awards were made as follows:

Addington Provincial Hospital

Diploma	:	Gold Medal	:	Miss M. Barsdorf
	:	Silver Medal	:	Miss M. J. Briggs
Integrated	:	Gold Medal	:	Miss S. M. Kerr
Enrolled	:	Travel Clock	:	Miss D. S. Lee

King Edward VIII Provincial Hospital

Diploma	:	Gold fob watch	:	Miss N. Arosi
	:	Steel fob watch	:	Miss T. C. Sithole
Enrolled	:	Travel Clock	:	Miss L. R. Mqwati

R. K. Khan Provincial Hospital

Diploma	:	Gold fob watch	:	Mrs. R. Govender
Enrolled	:	Travel Clock	:	Miss A. Anthony

Entabeni Private Hospital

Diploma	:	Gold fob watch	:	Miss P. S. Fisher
	:	Steel fob watch	:	Miss R. G. Redinger
Enrolled	:	Travel clock	:	Miss J. A. Lambie

LEGISLATION

1. It is standard practice in the interests of public health to respond to invitations to comment upon proposed legislation and, wherever anomalies or sound grounds for amendment come to attention, to recommend changes in existing legislation.

During the year comment was offered on the following draft legislation:

- (i) Grades of and requirements for Abattoirs: proposed

regulations under the Animal Slaughter, Meat and Animal Products Hygiene Act.

- (ii) Proposed Amendment and Consolidation of the Standing Regulations under the Animal Slaughter, Meat and Animal Products Hygiene Act; various comments on 102 aspects in all, were submitted on this 500 page draft legislation.
 - (iii) Draft Health Regulations 1 and 2 to be proclaimed in terms of sections 35 and 40 of the Health Act, 63/1977.
 - (iv) Draft Licences and Business Hours Amendment Ordinance, 1979.
2. In terms of Government Notice No. R297/1979, dated 7 December 1979, sections 14 and 16 (a), (f), (g) and (h) of the Health Act 63/1977 came into operation from date of publication. In response to an enquiry from this department to the Director of Hospital Services that this local authority continue to render personal health services pending further directive, confirmation was obtained that the status quo was to be maintained pending a decision by the Health Matters Advisory Committee on the question of the implementation of these sections of the Act.
3. On the 24 August 1979, in terms of Government Notice No. R.1802, the Minister of Health declared a revised list of Notifiable Medical Conditions. This list was immediately circularised by the department to all Medical Superintendents and Medical Practitioners in the Durban Municipal area together with brief explanatory notes.

XIV STAFF AND FINANCIAL SUMMARYAmendments to Staff Establishment

Section	Group	Designation of post	No. of Posts	Remarks	Council Authority
<u>(a) Additions</u>					
Administration	Indian	Temporary Registrars (Community Medicine)	2	Engaged on 3 year contract w.e.f. 1.3.1979	MSC 1925 19.3.1979
Tuberculosis	Indian	Senior Clinical Medical Officer	1	White post of SCMO and this post not to be occupied simultaneously.	6.3.1979
Family Health	Coloured	Labourer	1	Deletion of 1 post Indian Interpreter/Cleaner	MSC 1941 14.5.1979
<u>(b) Deletions</u>					
Epidemiology (Durban Chest Clinic)	White	Chief Clerk II	1	Re-allocation of duties at Durban Chest Clinic Supernumary post created for 6 months	5.11.1979
"	White	Woman Clerk	1	"	5.11.1979
Family Health	Indian	Interpreter/Cleaner	1	Replaced by Coloured Labourer	7.5.1979

Ancillary Staff Matters(i) Leave conversion

With effect from 1 January 1979 the Regulations re Leave and Conditions of Service were amended to provide for the calculation of leave on a five day week instead of a six day week basis. Leave balances were adjusted accordingly.

(ii) Locomotion Allowances

In keeping with rising prices, improved rates were effected during the year for persons in receipt of car allowances.

(iii) Locomotion Allowances, Additional Allocations

Locomotion allowances were allocated to two posts of Community Liaison worker.

(iv) Parity of Pay : Clinic Sisters

With effect from 1 March 1979 Non-White Clinic Sisters achieved parity of pay with White Clinic Sisters.

(v) Parity of Leave Conditions

With effect from 1 January 1979 Non-White employees on parity grades were granted leave priviledges equal to the Whites.

(vi) Improvement in Remuneration

The City Council on 3 December 1979 authorised improved salary scales for certain refundable health personnel.

STAFF ESTABLISHMENT

The authorised establishment as at 31 December 1979 was 271 White and 455 Non-White Staff Members, subdivided as shown below and on the following pages. However, as an anti-inflationary measure the Council's Management Review and Scrutiny Sub-committee limited the number of posts in this department which may be filled to 545 graded and 135 non-graded posts, 6% below the authorised establishment. This revised establishment could be increased by the Sub-committee upon receipt of motivation as to the urgent necessity for a critical post.

ADMINISTRATIVE SECTIONNO.WhiteCity Medical Officer of Health,

1

Dr. C. R. Mackenzie, M.B.; B.Ch.;
D.P.H.; D.T.M. & H. (Rand);
F.R.S.H.; F.I.P.H. (S.A.)

Deputy City Medical Officer of Health

2

Dr. N. L. Becker, M.B.; Ch.B.; D.P.H.
D.I.H.; B.Comm.

Dr. M. B. Richter, M.B.; Ch.B.; D.P.H.;
D.I.H.

Assistant Medical Officer of Health

2

Dr. R. H. Brown, M.B.; Ch.B.; D.P.H.
D.I.H.

Dr. H. R. J. Wannenburg, M.B.; B.ch.
(from 28/11/79)

Registrars (Temporary) Community Medicine

2

Dr. K. R. Ramiah, M.B.; Ch.B.
Dr. C. C. Jinabhai B.Sc; M.B.; Ch.B.

Personal Assistant

1

Johnston, M.J., (National Diploma for
Health Inspectors)

Principal Assistant (Administration)

1

Behn, A. L. Cert. R.S.H.

Senior Assistant (Technical)

1

Senior Assistant (Financial)

1

ADMINISTRATION SECTION (continued)

		<u>NO.</u>
<u>White</u>		
Chief Clerk	(Grade I, 2) (Grade II, 2)	4
Senior Clerk	(Grade I, 1) (Grade II, 4) (Grade III, 1)	6
Technician - Audiometry		1
Records Clerk (Woman)		1
Woman Clerk		5
Clerk		8
Senior Woman Assistant		4
Woman Assistants		7
Chief Typists		2
Senior Typists		2
Typist		3
General Assistant (unestablished)		1
<u>Non-White</u>		
Health Assistant (Black)		1
Clerk (Grade I) (Indian)		1
Sirdar (Class II) (Indian)		1
Assistant (Indian)		7
Watchman (Black)		2
Labourer (Indian)		1
		<hr/>
Total		68
		<hr/>

Staff Summary

White	53
Indian	12
Black	3

EPIDEMIOLOGY (embracing tuberculosis,
infectious diseases and
venereal diseases control)

NO.

(a) Tuberculosis

White

Senior Clinical Medical Officer.

2

Dr. A. F. L. Chatury, M.B.; Ch.B.
(from 1.4.1979)

Dr. P. R. Henson, M.R.C.S.; L.R.C.P.;
D.H.P. (to 18.1.1979)

VACANT: one post

Clinical Medical Officer

4

Dr. R.W.W. Bowes, M.R.C.S.; L.R.C.P.; M.A.(Cantab.)

Dr. A.F.L. Chathury, M.B.; Ch.B. (to 31.3.1979)

Dr. J. Duncan, M.B.; Ch.B.

Dr. J. C. Stuart, M.B.; Ch.B.

Dr. S. Ward, M.R.C.S.; L.R.C.P.

Dr. P. R. Henson, M.R.C.S.; L.R.C.P.; D.P.H.
(from 19.1.79)

Part-time Consultant : Radiologist

1

Dr. E. H. Fine, M.B.; B.Ch.; D.M.R.D.;
R.C.P. (Lond.) R.C.S. (Eng.)

Senior Assistant (Administration)

1

Health Inspector

1

Chief Clerk (Grade II)

1

X-Ray Technician

2

Radiographer

2

Community Health Nurse

2

Clinic Sister

3

Woman Clerk

1

Senior Woman Assistant

1

Clinic Assistant

3

Typist

1

Tuberculosis (continued)

	<u>NO.</u>
<u>Non-White</u>	
<u>Clinic Sister</u> (Indian 1 Black 1)	2
<u>Health Assistant</u> (Indian 12, Black 13)	25
<u>Nurse Aide</u> (Indian 4, Coloured 1, Black 5)	10
<u>Interpreter/Cleaner</u> (Indian 1, Black 3)	4
<u>Labourer</u> (Black)	5
	—
	71
	—

Staff Summary

White	25
Coloured	1
Black	27
Indian	18

(b) Infectious Diseases.White

<u>Senior Health Inspector</u>	1
<u>Community Health Nurse</u>	1
<u>General Assistant</u>	1

Non-White

<u>Overseer</u> (Black)	1
<u>Labourer</u> (Indian)	1
	—
	5
	—

Staff Summary

White	3
Black	1
Indian	1

(c) Venereal Diseases ClinicNO.WhiteSenior Clinical Medical Officer

1

Dr. J.S.P. Mattelaer, M.D.

Clinical Medical Officer

2

Dr. H.B. Savage, M.R.C.S.; L.R.C.P. (to 6.4.1979)

Dr. A. S. Kathrada, L.R.C.P.; L.R.C.S.
(from 4.9.1979)

Dr. S. E. Silbermann, M.B.; B.Ch. (from 3.1.1979)

Non-WhiteClinic Sister (Black)

4

Health Assistant (Black)

9

Interpreter/Cleaner (Black)

1

Total

17Staff Summary

White 3

Black 14

HEALTH INSPECTIONWhiteChief Health Inspector

1

Green, C.E.O.

Deputy Chief Health Inspector

2

Hogan, J. P.

Marsh, H. N.

Divisional Health Inspector

4

Senior Health Inspector

10

Health Inspector

45

Laboratory Assistant (Entomology)

1

Health Assistant

24

Pest Control: Supervisor

1

Senior General Assistant

1

General Assistant

7

HEALTH INSPECTION (continued)

<u>Non-White</u>	<u>NO.</u>
<u>Senior Health Inspector</u>	1
<u>Health Inspector</u> (Indian 8) (Black 2) (Col. 1)	11
<u>Overseer</u> (Indian 2) (Black 3)	5
<u>Health Assistant</u> (Indian 8) (Black 3) (Col. 1)	12
<u>Assistant</u> (Indian 11) (Black 2)	13
<u>Senior Spotter</u> (Black/Indian)*	1
<u>Spotter</u> (Indian 3) (Black 8)	11
<u>Labourer</u> (Indian 23) (Black 101)	124
	<hr/>
Total	274
	<hr/>

* Can be occupied by either Black or Indian

Staff Summary

White	96
Coloured	2
Black	120
Indian	56

VETERINARY HYGIENEWhite

<u>Veterinary Medical Officer</u>	1
Dr. W. B. Hobbs, B.V.Sc.	
<u>Medical Laboratory Technologist</u>	1
<u>Laboratory Assistant</u>	1

VETERINARY HYGIENE (Continued)

	<u>NO.</u>
<u>Non-White</u>	
Assistant (Laboratory) (Indian)	1
	<hr/>
Total	4
	<hr/>

Staff Summary

White	3
Indian	1

FAMILY HEALTH AND IMMUNISATIONWhite

<u>Senior Clinical Medical Officer</u>	1
Dr. H.A.B. Pletts, M.B.; B.Ch.	

<u>Clinical Medical Officer</u> Ø	3
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Dr. H. E. Rose, M.B.; Ch.B.
 Dr. J.L.B. Slabbert, M.B.; B.S.
 VACANT: one post

<u>Part-time Consultant</u> : Paediatrician	1
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Dr. J.H. Clyde, M.B.; B.Ch.; D.C.H.;
 R.C.P. (Lond.); R.C.S. (Eng.); F.C.P.(S.A.)

<u>Part-time Consultant</u> : Obstetrician and Gynaecologist	1
Dr. S. T. Trezise, M.B.; Ch.B.; M.R.C.O.G.	

<u>Part-time Clinical Medical Officers</u>	10
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<u>Chief Nursing Officer</u>	1
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Burton, Miss P.M., B.A.

<u>Deputy Chief Nursing Officer</u>	1
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Sutherland Mrs. J. W. (from 22.5.79)

<u>Assistant Chief Nursing Officer</u>	1
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Sutherland, Mrs. J. W. (To 21.5.79)

<u>Senior Community Health Nurse</u>	4
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VACANT Two posts

<u>Community Health Nurse</u>	24
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FAMILY HEALTH AND IMMUNISATION (Continued)

	<u>NO.</u>
<u>Senior Clinic Sister</u>	1
<u>Clinic Sister</u>	8
<u>Clinic Assistant</u>	9
<u>Part-time Clinic Assistant</u>	2
<u>Non-White</u>	
<u>Senior Community Health Nurse</u>	4
<u>Community Health Nurse</u> (Coloured 8)	33
(Indian 16)	
(Black 9)	
<u>Clinic Sister</u> (Coloured 4)	28
(Indian 20)	
(Black 4)	
<u>Overseer</u> (Indian)	1
<u>Health Assistant</u> (Indian 5)	9
(Black 4)	
<u>Nurse Aide</u> (Coloured 9)	53
(Indian 34)	
(Black 10)	
<u>General Assistant</u> (Indian)	1
<u>Assistant</u> (Indian)	2
<u>Interpreter/Cleaner</u> (Indian 10)	15
(Black 5)	
<u>Labourers</u> (Black)	2
(Coloured)	1
	<hr/>
	216
	<hr/>

Staff Summary

White	67
Coloured	23
Indian	91
Black	35

+ ■ A total of 220 hours per week is authorised for Clinical Medical Officers on a sessional basis.

* = Three posts can be filled by either Indians or Coloureds depending on availability.

Ø = Can be filled by either Whites or Non-Whites

FAMILY PLANNING LIAISON

	<u>NO.</u>
<u>Family Planning Liaison Officer</u>	1
Adams, Mrs. A. E., B.Soc.Sc.(Nursing)	
<u>Senior Field Worker</u> (Indian 1)	2
(Black 1)	
<u>Field Worker</u> (Coloured 2)	19
(Indian 11)	
(Black 6)	
Total	<u>22</u>

Staff Summary

White	1
Coloured	2
Indian	12
Black	7

COMMUNITY LIAISON

<u>Community Liaison Officer</u>	1
O'Reagain, Mrs. M. L. M.Soc.Sc.	
<u>Deputy Community Liaison Officer</u> (Vacant)	1
<u>Senior Community Liaison Worker</u> (Vacant 2)	3
<u>Community Liaison Worker</u> *(White 3)	6
(Coloured 1)	
(Indian 2)	
<u>Vacant</u>	4
Total	<u>15</u>

Staff Summary

White	5
Coloured	1
Indian	2
Vacant	7

* ■ these posts may be occupied by either Whites or Non-Whites.

HEALTH EDUCATION

<u>White</u>	<u>NO.</u>
<u>Health Educator</u>	1
Slack, J. S., B.Sc.; Cert. R.S.H.	
<u>Technician</u>	1
<u>Community Health Nurse</u>	2
<u>General Assistant</u>	1
<u>Non White</u>	
<u>Senior Lecturer</u> (Indian 1) (Black 1)	2
<u>Lecturer</u> (Coloured 3) (Indian 8) (Black 8)	19
<u>Assistant Lecturer</u> (Indian 2) (Black 2)	4
<u>Technical Assistant</u> (Indian)	1
Total	31

Staff Summary

White	5
Coloured	3
Indian	12
Black	11

MEDICAL BUREAU

<u>Senior Clinical Medical Officer</u>	1
Dr. P. Goldstuck, M.B.; B.Ch.	
<u>Part-time Clinical Medical Officer</u>	1
Dr. G. E. Goldblatt, M.B.: Ch.B.	
<u>Part-time Clinic Assistant</u>	1
Total	3

Staff Summary

White	3
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TOTAL COMMUNITY GROUPSUMMARY

White	271
Coloured	32
Indian	205
Black	218
	<u>726</u>
	<u><u>726</u></u>

POST SUMMARY AS AT 31 DECEMBER 1979

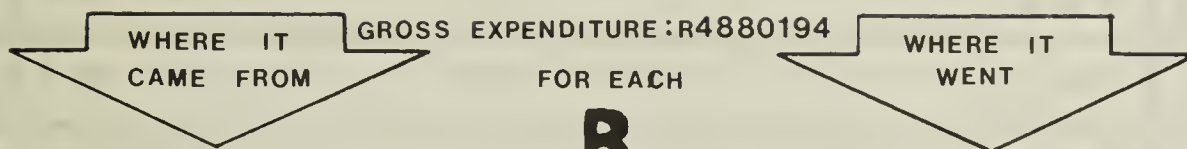
<u>WHITE</u>	<u>NO.</u>	<u>NON-WHITE</u>	<u>NO.</u>
Medical Officer	20	Senior Clinical Medical Officer	1
Registrars (Community Medicine)	2	Health Inspector	12
Veterinary Medical Officer	1	Lecturer	25
Clerical	49	Community Health Nurse	37
Technician	1	Community Liaison Worker	4
Technician (Audiometry)	1	Overseer	7
X-Ray Technician	2	Health Assistant	60
Radiographer	2	Clinic Sister	34
Health Educator	1	Spotter	12
Health Inspector	64	Technical Assistant	1
Community Liaison Office/Worker	11	Nurse Aide	63
Community Health Nurse	36	Clerical	1
Family Planning Liaison Officer	1	Sirdar (Class II)	1
Clinic Sister	12	Assistant (Laboratory)	1
Clinic Assistant	12	General Assistant	1
Clinic Assistant (Part-time)	3	Interpreter/Cleaner	20
Supervisor	1	Assistant	18
General Assistant	10	Watchman	2
Medical Laboratory Technologist	1	Labourer	134
Laboratory Assistant	2	Field Workers (Family Planning)	21
Health Assistant	24		<u>455</u>
General Assistant - Clerical (Unestablished)	1		
<u>Medical Personnel (Part-time)</u>			
(a) <u>Tuberculosis Clinic:</u>			
Consultant Radiologist	1		
(b) <u>Family Health and Immunisation:</u>			
Consultant Obstetrician & Gynaecologist	1		
Consultant Paediatrician	1		
Clinical Medical Officer	10		
(c) <u>Medical Bureau:</u>			
Clinical Medical Officer	1		
	<u>271</u>		

FINANCIAL SUMMARY

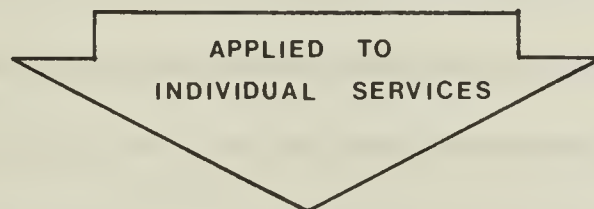
An abbreviated statement of the cost, excluding capital expenditure, of the services undertaken by the City Health Department for the financial year ended 31 July 1979, with comparative figures for the preceding year, is set out below:

	1978/79	1977/78
<u>Expenditure</u>	R	R
Salaries, wages and allowances	3 711 466	3 365 457
Medical requisites	23 746	21 412
Tuberculosis hospitalisation	166 440	166 623
Hospitalisation of infectious diseases including venereal diseases	167 473	107 042
Transport and subsidised locomotion	283 570	233 719
Miscellaneous, including electricity, insurance, rents rates, telephones, stationery, maintenance and loan charges	527 499	470 911
	<u>4 880 194</u>	<u>4 365 164</u>
	1978/79	1977/78
<u>Income</u>	R	R
General including hospital fees recovered	149 440	121 690
Government part-refunds: (Public Health Act)	1 465 021	1 273 822
Health Services debited to Black hostels and locations	85 760	119 299
	<u>1 700 221</u>	<u>1 514 811</u>
Net Cost	<u>3 179 973</u>	<u>2 850 353</u>

1978/1979



<p>BOROUGH FUND REVENUE ACCOUNT</p>	<p>SALARIES, WAGES, ALLOWANCES AND ALLIED STAFF EXPENDITURE</p>
65c	76c
<p>GOVERNMENT PART REFUND ON HOSPITAL FEES, CLINICS, HOSPITAL FEES RECOVERED AND SALARIES</p>	<p>MISCELLANEOUS, INCLUDING ELECTRICITY, TRANSPORT, WATER, TELEPHONE, RENT, RATES, INSURANCE ETC.</p>
30c	14c
<p>FEES AND GENERAL INCOME</p>	<p>HOSPITAL AND AMBULANCE FEES MEDICINES AND LABORATORY SERVICES</p>
3c	7c
<p>BANTU REVENUE CONTRIBUTION</p>	<p>LOAN CHARGES ON CAPITAL</p>
2c	2c
	<p>REPAIRS, MAINTENANCE & RENEWALS</p>
	1c



<p>HEALTH INSPECTION INCLUDING FIELD HYGIENE</p>	30c
<p>FAMILY HEALTH</p>	29c
<p>TUBERCULOSIS CONTROL AND CLINICS</p>	18c
<p>ADMINISTRATION</p>	14c
<p>HEALTH EDUCATION</p>	4c
<p>RENT, RATES, ELECTRICITY, TELEPHONES & CLEANING</p>	3c
<p>VENEREAL DISEASES</p>	2c

NET COST PER CAPITA : R4,13 PER ANNUM

POPULATION : 770006

CAUSE OF DEATH - 1979

APPENDIX 'A'

(Classified according to International Intermediate List of 150 Causes from Eighth Revision, World Health Organization, 1965)

Cause Group	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
		1978	1978	1978	1978	1978	1978	1978	1978	1978	1978	1978	1978	1978	1978	1978
A 4	Bacillary dysentery and omebiasis	-	-	-	-	-	-	-	-	-	1	-	1	1	-	4
A 5	Enteritis and other diarrhoeal diseases	1	2	3	1	-	1	23	8	31	14	17	31	39	27	66
A 6	Tuberculosis of respiratory system	1	1	2	4	2	6	20	3	23	13	3	16	28	9	47
A 7	Tuberculosis of meninges and central nervous system	-	-	-	-	1	1	3	3	6	2	1	3	5	5	10
A 8	Tuberculosis of intestines, peritoneum and mesenteric glands	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1
A 10	Other Tuberculosis, including late effects	-	-	-	-	-	-	2	-	2	1	-	1	3	-	3
A 15	Diphtheria	-	-	-	-	-	-	-	1	1	-	-	-	-	1	-
A 19	Meningococcal infection	1	-	1	-	-	-	1	-	1	1	-	1	3	-	3
A 21	Other bacterial diseases	3	4	7	1	-	1	3	-	3	8	10	18	15	14	29
A 25	Measles	-	-	-	1	-	1	1	-	1	-	-	-	2	-	2
A 27	Viral encephalitis	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1
A 28	Infective hepatitis	-	-	-	-	1	1	-	-	-	-	-	-	-	1	1
A 29	Other viral diseases	-	-	-	-	-	-	-	-	-	1	2	3	1	2	3
A 31	Malaria	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
A 43	Other helminthiases	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-
A 44	All other infective and parasitic diseases	-	-	-	-	-	-	-	-	-	1	-	1	1	-	2
A 45	Malignant neoplasm of buccal cavity and pharynx	9	2	11	1	-	1	1	2	3	5	2	7	16	6	22
A 46	Malignant neoplasm of oesophagus	8	2	10	-	1	1	6	4	10	2	3	5	16	10	26
A 47	Malignant neoplasm of stomach	12	10	11	1	-	1	2	-	1	9	10	19	23	20	43
A 48	Malignant neoplasm of intestine, except rectum	3	11	14	-	-	-	-	-	-	4	1	5	7	12	19
A 49	Malignant neoplasm of rectum and rectosigmoid junction	17	17	34	-	1	1	1	-	1	5	3	8	23	21	44
A 50	Malignant neoplasm of larynx	3	-	3	-	-	-	-	1	1	-	2	2	3	3	6
A 51	Malignant neoplasm of trachea, bronchus and lung	59	29	88	12	1	14	4	-	4	15	1	17	90	33	123
A 52	Malignant neoplasm of bone	-	1	1	1	-	1	-	-	-	3	1	4	4	2	6
A 53	Malignant neoplasm of skin	2	-	2	-	-	-	-	-	-	-	1	1	2	1	2

Cause Group	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
A 54	Malignant neoplasm of breast	-	28	28	31	2	2	3	-	1	1	14	14	-	45	42
A 55	Malignant neoplasm of cervix uteri	-	6	6	14	5	5	2	-	2	2	7	7	-	20	30
A 56	Other malignant neoplasm of uterus	-	4	4	3	-	-	-	-	-	-	-	-	-	4	7
A 57	Malignant neoplasm of prostate	12	-	12	22	-	1	-	-	-	-	-	3	16	-	27
A 58	Malignant neoplasm of other and unspecified sites	38	40	78	106	4	5	7	8	2	10	12	29	67	59	126
A 59	Leukaemia	8	9	17	17	1	1	2	-	-	-	-	6	17	16	25
A 60	Other neoplasms of lymphatic and haematopoietic tissue	11	8	19	11	-	-	2	-	-	-	-	6	4	10	18
A 61	Benign neoplasms of unspecified nature	-	2	2	2	-	-	-	-	-	-	-	3	1	4	4
A 63	Thyrotaxicosis with or without gaitre	-	-	-	1	-	-	-	-	-	-	-	1	-	1	1
A 64	Diabetes mellitus	9	18	27	31	1	6	6	1	8	9	54	86	32	86	129
A 65	Avitaminases and other nutritional deficiency	-	1	1	1	-	1	2	2	-	2	-	2	4	2	6
A 66	Other endocrine and metabolic diseases	-	-	-	6	-	-	-	-	-	-	3	4	1	3	4
A 67	Anaemias	3	4	7	5	-	-	2	-	1	1	4	3	7	8	15
A 69	Psychoses	-	1	1	-	-	-	-	-	-	-	-	1	1	1	2
A 70	Neurases, personality disorders and other na-psychotic mental disorders	-	-	-	3	-	-	1	-	-	-	-	3	3	-	4
A 72	Meningitis	1	-	1	3	1	-	3	6	1	7	4	14	10	5	23
A 74	Epilepsy	-	-	-	-	-	-	-	1	-	1	3	5	2	3	6
A 79	Other diseases of nervous system and sense organs	4	4	8	19	-	-	2	4	-	4	6	8	14	6	20
A 80	Active rheumatic fever	-	-	-	-	-	1	-	-	-	-	-	1	1	1	2
A 81	Chronic rheumatic heart disease	3	3	6	11	-	-	1	-	1	1	2	4	5	6	11
A 82	Hypertensive disease	12	18	30	40	-	2	2	10	3	13	11	88	65	68	133
A 83	Ischaemic heart disease	261	166	427	476	11	12	23	2	3	5	4	286	203	264	741
A 84	Other forms of heart disease	70	105	175	121	8	12	20	24	14	38	41	147	84	194	380
A 85	Cerebravascular disease	78	110	188	218	7	18	25	15	10	25	47	229	114	253	467
A 86	Diseases of arteries, arteriales and capillaries	25	20	45	68	4	-	4	2	1	3	5	10	7	24	62

Cause Group	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
A 87	Venous thrombosis and embolism	9	8	17	1	-	1	4	1	3	4	5	10	16	16	32
A 88	Other diseases of circulatory system	2	-	2	-	-	-	-	-	-	-	-	-	2	-	2
A 89	Acute respiratory infections	2	-	2	-	-	-	-	-	-	-	-	-	2	-	2
A 90	Influenza	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
A 92	Other pneumonio	40	68	108	7	6	13	15	19	12	31	36	88	118	122	240
A 93	Bronchitis, emphysemo and asthmo	25	10	35	2	-	2	1	6	2	8	12	33	54	24	78
A 95	Emphyemo and obsscess of lung	17	-	17	-	1	1	-	1	-	1	-	2	20	1	21
A 96	Other diseases of respiratory system	-	16	16	6	2	8	4	5	4	9	7	23	27	29	56
A 98	Peptic Ulcer	4	1	5	-	-	-	2	-	-	-	2	7	9	3	12
A 99	Gostritis and duodenitis	-	-	-	-	-	-	-	-	-	-	1	2	1	1	2
A 100	Appendicitis	1	-	1	-	-	-	-	-	-	-	-	-	1	-	1
A 101	Intestinal obstruction and hernia	3	4	7	-	-	-	-	-	7	7	1	3	5	12	17
A 102	Cirrhosis of liver	3	2	5	-	-	-	1	1	-	1	1	10	13	3	16
A 103	Cholelithiasis and cholecystitis	-	2	2	-	-	-	-	-	-	-	-	-	-	2	2
A 104	Other diseases of digestive system	18	18	36	6	8	14	10	11	-	11	17	53	71	43	114
A 106	Other nephritis and nephrosis	4	-	4	-	-	-	-	-	-	-	1	1	5	-	5
A 107	Infections of kidney	3	5	8	-	-	-	-	1	1	2	2	2	6	6	12
A 109	Hyperplosio of prostote	-	-	-	-	-	-	-	1	-	1	-	-	1	-	1
A 111	Other diseases of genito-urinary system	21	20	41	4	-	4	5	6	1	7	27	56	60	48	108
A 115	Other and unspecified abortion	-	-	-	-	-	-	-	-	-	-	2	2	-	2	2
A 116	Sepsis of childbirth and the puerperium	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A 117	Other complications of pregnancy, Childbirth and the puerperium	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
A 119	Infections of skin and subcutaneous tissue	-	-	-	-	-	-	-	-	-	1	1	3	2	2	4

Cause Group	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL		
		M	F	Total	1978	M	F	Total	1978	M	F	Total	1978	M	F	Total
A 120	Other diseases of skin and subcutaneous tissue	1	-	1	-	-	-	-	2	2	-	2	1	3	-	3
A 123	Osteomyelitis and periostitis	-	-	-	-	-	-	-	-	1	-	1	1	1	-	1
A 125	Other diseases of musculoskeletal system and connective tissue	-	1	1	2	-	-	-	-	-	-	-	1	-	1	3
A 126	Spina bifida	-	1	1	-	1	-	-	-	-	-	1	1	2	1	3
A 127	Congenital anomalies of heart	-	-	-	1	-	-	3	4	2	4	6	8	4	5	14
A 128	Other congenital anomalies of circulatory system	-	-	-	-	-	-	2	-	2	-	2	1	4	-	4
A 130	All other congenital anomalies	2	1	3	3	1	-	-	4	11	8	19	17	14	9	23
A 131	Birth injury and difficult labour	-	-	-	-	-	-	-	2	1	2	3	8	1	2	3
A 132	Conditions of placenta and cord	-	-	-	-	-	-	-	-	1	-	1	1	1	-	1
A 133	Haemolytic disease of newborn	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1
A 134	Anoxia and hypoxia conditions not elsewhere classified	3	3	6	5	-	2	16	23	21	14	35	43	32	27	59
A 135	Other causes of perinatal morbidity and mortality	15	10	25	43	12	6	18	79	105	78	183	180	183	136	319
A 136	Senility without mention of psychosis	2	3	5	19	-	-	-	-	9	8	17	13	11	11	22
A 137	Symptoms and other ill defined conditions	55	38	93	71	28	13	41	101	113	68	181	167	291	189	480
AE128	Motor vehicle accidents	25	5	30	36	6	5	11	-	51	14	65	78	83	24	107
AE139	Other transport accidents	2	-	2	4	2	-	2	-	6	-	6	7	10	-	10
AE141	Accidental falls	5	1	6	12	1	1	2	-	16	-	16	8	22	2	24
AE142	Accidents caused by fires	-	-	-	1	-	-	-	-	1	2	3	1	1	2	3
AE143	Accidental drowning and submersion	2	-	2	2	2	-	2	-	8	1	9	7	12	1	13
AE144	Accident caused by firearm missiles	-	-	-	-	-	-	-	-	1	-	1	1	1	-	1
AE145	Accidents mainly of industrial type	1	1	2	-	-	-	-	-	4	2	6	4	5	3	8
AE146	All other accidents	11	11	22	30	2	2	4	2	7	10	17	21	20	23	43

Cause Group	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL		
		M	F	Total	1978	M	F	Total	1978	M	F	Total	1978	M	F	Total
AE147	Suicide and self inflicted injury	23	8	31	33	1	1	2	2	-	-	-	26	50	25	75
AE148	Homicide and injury purposely inflicted by other persons; legal intervention	5	2	7	6	15	1	16	11	-	-	-	37	57	4	61
AE149	Injury undetermined whether accidentally or purposely inflicted	-	1	1	4	1	-	1	1	-	-	-	1	2	3	5
	TOTAL	958	868	1826	2072	159	121	280	300	353	222	575	1244	2714	2037	4751
	CRUDE DEATH RATE PER 1 000 POPULATION	8,06 (9,30)			4,94 (5,46)			5,61 (6,10)			5,39 (5,48)			6,17 (6,69)		

(UNDER 1 YEAR) 1979

(Classified according to International Intermediate List of 150 Causes from Eighth Revision, World Health Organization, 1965)

Cause Group	Cause of Death	WHITE			COLOURED			BLACK			INDIAN			TOTAL		
		M	F	Total	1978	M	F	Total	1978	M	F	Total	1978	M	F	Total
A 5	Enteritis and other diarrhoeal diseases	-	-	-	1	1	-	1	2	20	8	12	21	29	20	49
A 7	Tuberculosis of meninges and central nervous system	-	-	-	-	-	-	-	-	1	1	-	-	2	1	3
A 10	Other tuberculosis including late effects	-	-	-	-	-	-	-	-	1	1	-	-	1	-	1
A 19	Meningococcal infection	1	-	1	1	-	-	-	1	-	-	-	-	1	-	1
A 21	Other bacterial diseases	-	-	-	-	-	-	-	2	-	-	4	2	-	4	4
A 25	Measles	-	-	-	-	1	-	1	-	-	-	-	1	2	-	2
A 58	Malignant neoplasm of other and unspecified sites	1	-	1	-	-	-	-	-	1	-	-	2	2	-	2
A 61	Benign neoplasms and neoplasms of unspecified nature	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1
A 64	Diabetes mellitus	-	-	-	-	-	-	-	-	1	-	-	-	1	-	1
A 72	Meningitis	-	-	-	-	-	-	-	1	3	1	3	2	6	1	7
A 84	Other forms of heart disease	-	1	1	1	1	-	1	-	-	-	2	-	1	2	3
A 85	Cerebrovascular disease	-	-	-	-	1	-	1	6	2	1	1	7	4	2	6
A 92	Other pneumonia	-	1	1	1	8	3	13	18	16	4	20	26	26	13	39
A 93	Branchitis, emphysema and asthma	-	-	-	-	-	1	1	-	-	-	-	2	-	1	1
A 96	Other diseases of respiratory system	-	-	-	-	-	-	-	3	-	-	-	2	-	1	1
A 101	Intestinal obstruction and hernia	-	-	-	-	-	-	-	-	1	-	-	1	1	-	1
A 107	Infections of kidney	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
A 115	Other and unspecified abortion	-	-	-	-	-	-	-	-	-	1	1	-	-	1	1
A 119	Infections of skin and subcutaneous tissue	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
A 126	Spina bifida	-	1	1	-	-	-	-	-	1	-	-	-	2	1	3
A 127	Congenital anomalies of heart	-	-	-	-	2	-	2	4	2	3	5	6	4	3	7
A 128	Other congenital anomalies of circulatory system	-	-	-	-	-	-	-	-	1	-	-	1	2	-	2
A 130	All other congenital anomalies	2	1	3	2	-	-	-	3	-	7	16	14	11	8	19

Cause Group	Cause of Death	WHITE				COLOURED				BLACK				INDIAN				TOTAL			
		M		F		Total		1978		M		F		Total		1978		M		F	
A 131	Birth injury and difficult labour	-	-	-	-	-	-	-	1	-	-	-	-	-	2	2	8	1	2	3	11
A 132	Conditions of placenta and cord	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	1
A 133	Haemolytic disease of newborn	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-
A 134	Anoxic and hypoxic conditions not elsewhere classified	3	3	6	5	2	2	2	2	8	8	8	16	23	21	14	43	32	27	59	73
A 135	Other causes of perinatal morbidity and mortality	15	10	25	43	12	18	27	27	51	42	93	79	105	77	182	179	183	135	318	328
A 137	Symptoms and other ill-defined conditions	1	1	2	1	2	3	3	3	18	9	27	11	7	9	16	8	28	20	48	24
AE138	Motor vehicle accidents	-	-	-	-	-	1	-	-	-	-	-	-	-	2	1	-	-	1	1	-
AE146	All other accidents	-	1	1	-	-	-	-	-	-	-	-	-	3	2	3	3	2	2	4	3
AE148	Homicide and injury purposely inflicted by other person; legal intervention	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	2	-
	TOTAL	23	21	44	61	19	33	48	76	117	76	193	196	184	140	324	347	343	251	594	652

AGE AT DEATH

The Number of deaths at various ages, with the percentage of total deaths, is summarised in the following table:

1979

RACE GROUPS		Age Group														Total	
		0 - 1		1 - 4		5 - 14		15 - 24		25 - 44		45 - 64		65 and over			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F		
White		23	21	5	1	5	2	20	5	59	27	305	158	541	654	958	868
Coloured		19	14	2	1	6	1	13	4	22	8	59	40	38	53	159	121
African		117	76	12	12	5	3	7	9	67	26	105	56	40	40	353	222
Indian		184	140	20	17	20	14	48	26	194	92	477	271	301	266	1 244	826
Total Non-White		320	230	34	30	31	18	68	39	283	126	641	367	379	359	1 756	1 169
Total of all races		343	251	39	31	36	20	88	44	342	153	946	525	920	1 013	2 714	2 037
White		2,40	2,42	0,52	0,12	0,52	0,23	2,09	0,58	6,16	3,10	31,84	18,20	56,47	75,35	100	100
Coloured		11,95	11,57	1,26	0,83	3,77	0,83	8,18	3,30	13,84	6,61	37,10	33,06	23,90	43,80	100	100
African		33,14	34,23	3,40	5,41	1,42	1,35	1,98	4,05	18,98	11,71	29,75	25,23	11,33	18,02	100	100
Indian		14,79	16,95	1,61	2,06	1,61	1,69	3,86	3,15	15,59	11,14	38,34	32,81	24,20	32,20	100	100
Total Non-White		18,22	19,67	1,94	2,57	1,77	1,54	3,87	3,34	16,12	10,78	36,50	31,39	21,58	30,71	100	100
Total of all races		12,64	12,32	1,44	1,52	1,33	0,98	3,24	2,16	12,60	7,51	34,85	25,77	33,90	49,74	100	100

APPENDIX "D"

HOUSING

Staff

The Housing Inspectorate was maintained at the reduced staff complement of a Senior Health Inspector, one Health Inspector and one Health Assistant occasioned by a decreased slum clearance programme due to the backlog in the provision of housing for the Indian community. The position, however, improved considerably during the year as a result of the accelerated housing construction programme. It is hoped that in the forthcoming year this will permit the slum clearance programme to be increased, so as to eliminate housing conditions which are deleterious to health and afford shack dwellers a degree of priority rehousing in approved housing schemes.

Building Plans

Plans for residential development referred for departmental approval on public health grounds are summarised below.

Accommodation	Rooms						Units	Plans	Cost R
	1	2	3	4	5	6 +			
Dwellings	-	3	15	270	469	478	1 235	1 235	29 338 894
Flats	2	73	150	190+	-	-	365	66	5 701 000
Other resi- dential	-	-	-	-	-	-	-	2	1 388 136
Additions	-	-	-	-	-	-	-	3 559	17 321 970
Total	2	76	165	460	469	478	1 600	4 862	53 750 000

+ This figure also includes flats with more than four rooms.

Demolitions and Conversions

In terms of the Housing Act, no person may demolish or convert to other use, accommodation used for housing without the approval of the Minister, for which purpose application must first be lodged with the local authority.

During the year 138 applications were submitted in respect of premises occupied (or previously occupied) by 31 White, 8 Coloured and 46 Indian families. Of these premises 55 were found to be owner occupied, 30 were occupied by tenants and 53 were vacant.

Departmental recommendation was conditional upon the occupiers obtaining alternative accommodation. There were 26 applications not supported on housing shortage grounds.

These applications for permission to demolish or convert dwellings were lodged with the undermentioned projects in view:

New dwellings	70
Flats/Maisonettes	18
Industrial Use	12
Commercial purposes	14
Miscellaneous	6
No immediate development	18

Slum Clearance

During the year it was necessary to report the administration of the slum clearance programme and other salient facts to the City Council, as the programme had been perforce restricted to the availability of housing for resettlement purposes. On 18 June 1979 the City Council resolved to endorse the policy of the City Medical Officer of Health to continue to administer the provisions of the Slums Act within the City. The programme continued throughout the year under the overall direction of the Deputy City Medical Officer of Health.

Of the 37 premises processed, one was occupied by Whites and 30 by Indians. Premises occupied by persons of more than one race group totalled two, whilst four premises were vacant.

The total number of persons involved was 632 comprising 191 family units.

The Slum Clearance Court convened on 44 occasions and, after due enquiry, issued slum declarations in respect of 29 premises.

The Court order demolition in the majority of cases, the remainder of the orders being for partial repair/demolition or repairs to the satisfaction of the local authority.

Not all cases processed departmentally were proceeded with or declared slums, due either to acquisition by the housing authorities or compliance by the owner with the requirements of this department.

During the course of the year the City Treasurer, the letting authority for Municipal schemes, allocated housing accommodation as a priority to 278 Indian families and five Coloured families who were residing in declared slum premises.

In order to appreciate the extent of this department's activities from the time slum clearance was resuscitated in 1965 to the end of the current year (1979), the following data is relevant -

1.	(a) Number of premises processed:	1 933
	(b) Community group of occupants:-	
	White	128
	Coloured	175
	Indian	1 203
	Black	25
	Mixed races	353
	Chinese	1
	Vacant	<u>48</u>
		1 933
2.	(a) Building units involved	2 522
	(b) Family units housed there in	9 400
	(c) Persons involved	37 385
3.	Slum Clearance Court sittings	693
4.	The Slum Clearance Court ordered -	
	(a) Total demolition	1 051
	(b) Partial repair/demolition	180
	(c) Renovation to satisfaction of local authority	56
	Total Slum Declaration:	1 287
5.	Rescission orders granted	893
6.	Voluntary demolitions without declaration	
7.	Voluntary repair/renovation/partial demolition	
8.	Cases withdrawn because of:	
	(a) ownership passing to a public authority	
	(b) permits to demolish granted under the Housing Act	
9.	Appeals to Minister against declaration:	
	(a) dismissed	13
	(b) upheld	1
10.	Premises pending Slum Court Hearing	69

577

11. Prosecutions for non-compliance -

(a) Cases instituted	95
(b) Admission of Guilt fines	R3 290

The position respecting the 1 933 premises processed can therefore be summarised as follows:

Slum declarations	1 287
Voluntary compliance	577
Pending	<u>69</u>
	<u>1 933</u>

HOUSING

As of 1979 the City Engineer has elected to publish his own annual report. As his information was not available at the time of compilation of this report this department has restricted information concerning housing to the current situation as per details supplied by the City Treasurer.

(a) Housing for Whites

No new White housing units were developed during the year.

As at the year end the following public housing units were available:

1 125	Economic Units
200	Sub-economic Units
651	Old Age Home Units - administered by the Association for Homes for Retired Durban Citizens.

During the year Flamingo Court was converted from Economic to Sub-economic letting.

Difficulty continued to be experienced in letting flats at Arundel Gardens, Hillary and Flamingo Court, where a great number of flats remained vacant, numbering 233 as at the year end. However, there were vacancies in all flatted schemes from time to time.

(b) Housing for Coloureds

During 1979 the following housing developments were finalised:

Newlands East : Scheme 402 - 814 Sub-economic Units.

Scheme 401 - 380 Economic Units.

Accordingly, as at the year end there were 1 447 Sub-economic and 620 Economic Units available.

It is hoped that completion of Section II at Newlands East and the remaining 120 flats at Sydenham Heights during 1980 will materially assist in reducing the waiting list for Coloured housing.

(c) Housing for Indians

The following housing developments for Indians were initiated at Phoenix during the year.

Scheme 312 - 570 Sub-economic Units

Scheme 316 - 636 Sub-economic Units

Scheme 313 - 702 Economic Units

Scheme 317 - 630 Economic Units

In addition the following housing developments at Phoenix were finalised during 1979:

Scheme 308 - 228 Sub-economic Units

Scheme 310 - 550 Sub-economic Units

Scheme 309 - 462 Economic Units

Scheme 311 - 682 Economic Units

As at the year end the following housing units were available or occupied :

12 304 Economic Units at Chatsworth of which 10 873 had converted to selling by 31 December 1979.

7 118 Sub-economic Units at Chatsworth of which 368 had converted to selling by 31 December 1979.

202 Sub-economic Units at Merebank.

674 Sub-economic Units at Springfield.

3 037 Sub-economic units at Phoenix.

2 198 Economic Units at Phoenix of which 477 had converted to selling by 31 December 1979.

49 Old Age Home Units administered by the Aryan Benevolent Society.

The demand for Indian housing continued to exceed the supply.

APPENDIX "E"INTERNATIONAL MENTAL HEALTH SYMPOSIUM PRETORIA 28 MARCH 1979THE ROLE OF THE LOCAL AUTHORITY
IN RELATION TO HEALTH LEGISLATION

Colin R. Mackenzie

INTRODUCTION

The underlying philosophy of the Health Act in relation to the three tiers of Government rendering health services in South Africa is to establish flexibility of functions and so to meet local needs and to use local resources to the best advantage. Implicit in this is a co-ordination of the activities of all three tiers of Government, at the same time involving the services of welfare and other organisations. Overlapping and repetition of services should thus be eliminated. This latter feature is of particular importance if energy, time and money is not to be wasted.

Let me emphasise again that co-ordination and co-operation between the three tiers of government winds like a silver thread through the Health Act of 1977.

In so far as local authorities are concerned, the Act states quite positively that it shall render services for the promotion of the health of persons within its district and co-ordinate such services with due regard to similar services rendered by the Department of Health or the Provincial Administration.

The spelling out in detail of exactly what personal services each tier shall actually render is still the subject of discussion by the Health Advisory Committee.

None the less it is in the Act that Provincial Administrations shall provide facilities for the treatment of acutely mentally ill and the State, so far, has been caring for the sub-acute and chronically ill.

But treatment, per se, is far from the whole handling of the mentally ill, so let us examine the role of the local authority.

THE ROLE OF THE LOCAL AUTHORITY

In the Field: There must be few Local Authorities of any size who do not have at their disposal the services of one or more community nurses, or as they are more popularly called, health visitors. As

the very name implies, these highly qualified sisters visit the homes of persons suffering from infectious diseases including tuberculosis, families with infant feeding problems ranging through physical disabilities to the aged.

Can they play a part in the overall treatment of mental illness? Very easily. They have and are doing so now. A few examples from the City of Durban will illustrate the point.

Firstly, with the co-operation of the State Health Department, one health visitor of each of the race groups i.e. White, Coloured and Indian have undertaken the One-Year Psychiatric Nurses Training Course, whilst a Black is currently undergoing training. This then forms the hard core of psychiatric knowledge amongst the Health Visitors.

Secondly, the Principal Psychiatrist of a Provincial Hospital in Durban (Addington) lectured first weekly and now with a Clinical Psychologist twice per month to the whole health visiting staff - gearing their lectures initially to imparting basic knowledge, then to specific problems which their own work demonstrates to be commonplace and finally to running the discussion on a seminar basis, where the Health Visitors can relate specific problems - not, of course, bringing patients! - and they can then give answers in principle. Thus there is a continual interchange of knowledge between the teacher, the pupils and between themselves, all to the benefit of the community. For it is the solution and cure of its problems and ill-health that is at stake.

Thirdly, the Health Visitors visit mentally ill patients in the course of their duties in each of their districts in the City.

These visits arise through:

- (a) recognition of the illness by themselves in the course of home visiting;
- (b) requests from mothers which may be direct or from the family health clinics where child behaviour patterns suggest a problem in the family;
- (c) follow-ups of infants and toddlers seen in the family health clinics where more detailed observation of the child is required to make an assessment;
- (d) a more recent development and one of singular importance is that discharges from certain hospitals are specifically notified to this Department. In these cases, progress, post hospitalisation clinic attendance, regular taking of medication, and observation of the patient are all undertaken.

Naturally referral back to clinic when required, with progress reports, play a big part.

Also explanations to, encouragement of the parents and various other facets of importance received attention. Here it is emphasised that involvement and co-operation with the social worker runs simultaneously.

B. Clinic Attendances

My department has a number of purpose-designed family health clinics and with City Council authority these can be utilized by the State/Health Department at my discretion. So far, three clinics, two for Indians and one for Coloured persons are each being used on certain days when the premises are free, the staff being wholly State, for psychiatric clinic sessions.

In these circumstances an easy cross referral system to other services can operate fully - in fact family planning by 3-monthly injection is readily available for those so retarded as to cause continual anxiety to their parents. Furthermore, the community's confidence in the family health clinic is extended to the psychiatric clinic.

Looking only a little way into the future there seems to be no reason why therapy, either in the form of pills or injection (e.g. Modecate for schizophrenic patients) could not be given to the patient at his/her nearest family health clinic, provided only that medicaments are supplied already made up for the patients by the psychiatric service.

In this combined approach with the Local Authority Health Department, it has become apparent that only the fringe of the problem of mental ill health is being tackled. The size of the problem of mental ill health can be illustrated by a few simple statistics:

There were nearly 500 visits by Health Visitors for mental ill health reasons to homes during 1978, the inception year of the home visiting.

The clinic attendances were:

Chatsworth	Unit 6	- 2 sessions per week	1 942 per month
Austerville		- 1 session per week	228 per month
<u>1978 total attendances:</u>		23 306	

However, in 1979, Chatsworth Unit 6 closed down and the Clinics in Units 2 and 10 started, as they were more conveniently situated.

C. Referrals

Interspersed with these activities, both in the field and at the clinics many other organisations have their roles. These are mainly welfare organisations, in particular the Mental Health Society to whom referrals are made in the majority of instances and from whom, obviously referrals are received. These referrals relate not only to the activities of their social workers, but also to general activities of the Society, not excluding their excellent protected workshops and their health education function.

D. Health Education

The Local Authority Health Department in Durban has a strong health education section - some 30 strong, with backing by photographers, technicians and the like. Unlike the Health Visitors, whose teaching is on a face to face or at the most small group basis, the health education unit is geared to dealing with large groups and communities. The conception of mental health as opposed to mental ill health is one of their targets. Also by dissemination of knowledge early detection becomes a reality - awareness of problems becomes commonplace, sources of help well known and perhaps, most important of all, an interest and a desire for a healthful existence is engendered. Much time is devoted to both mental health and ill health and the latter has been demonstrated by the clinic attendances. Cases of mental ill health are no longer hidden, covered up or neglected for the parallel between mental and physical ill health or fitness is always drawn.

E. Community Liaison

A full team of social workers from the City Health Department, practising NO case or group work at all but only community development, and always in the field.

They seek the community's needs, crystallise them and throw the ball back to the community to resolve their problems in terms of their own resources.

So far a good deal of headway has been made by the formation of groups (Wentworth Improvement Project) based on gangs where their energy is redirected from vandalism, drug-taking, mugging and the like to environmental improvement, clearing of land for sports fields and involvement in community activities such as sports clubs.

F. Co-ordination

In this sphere an enormous amount of activity has taken place in the Durban area and again in accord with the principles of co-operation

and co-ordination so clearly set out in the Health Act.

The role of the local authority in this instance has perhaps been fortuitous. For several years a loosely formed committee of co-ordination had existed but met only very occasionally when the various individuals involved simply got to know one another and perhaps a little of each other's activities. Doubtless also to share amazement at the wonders of bureaucracy.

However, in July 1978 a meeting was convened at King George V Hospital when a seminar and workshop was held. At the conclusion of this meeting it was decided to establish a definite psychiatric co-ordinating committee and members were nominated and elected to serve thereon under the chairmanship of the Medical Officer of Health. Representation was from:

The State Health Department	4
Provincial Administration	4
Department of Social Welfare and Pensions.....	1
Local Authority	2
Private Psychiatrist	1
Social Agencies : Durban Mental Health Society....	1
University of Natal Medical School	1

The terms of reference of the Committee had to be drawn up by the Committee itself, so were simple:

- (a) exchange information about existing psychiatric services;
- (b) explore and prevent duplication of services;
- (c) improve the utilization of existing facilities and manpower through greater co-operation;
- (d) investigate proposals to improve or upgrade services.

The Chairman was charged with the overall duty of putting forward any recommendations to the appropriate authority.

The minutes would be available to the Secretary for Health and could be used by the Natal representative of the Psychiatric Co-ordinating Committee set up under the Health Matters Advisory Committee.

Six sub-committees were established at the first meeting with their respective chairmen, viz.:

1. Community Psychiatric Social Work Co-ordinating Sub-committee:
Chairman: Dr. Jonker (Director of Durban Mental Health Society)

2. Community Nursing Services Co-ordinating Sub-committee:
Chairman: Chief Nursing Officer, City Health Department
Durban.
3. Educational Sub-committee:
Chairman: Professor Cheetham, Prof. of Psychiatry, Natal
University Medical School.
4. Child Psychiatric Services Sub-committee:
Prof. Behr, Prof. of Educational Psychology, University
of Durban-Westville.
5. Psycho-Geriatric Sub-committee:
Dr. Barlow, Senior Medical Superintendent, Addington
Hospital.
6. Clinical Sub-committee: Dr. Levin, Principal Psychiatrist,
Addington Hospital.

Each sub-committee chairman was charged with the duty of forming a sub-committee of persons most able to help in his/her field. Each sub-committee's term of reference was simple: to decide upon their FIRST priority and report the possible solutions to the main committee within one month.

The main committee has met on six occasions. Let us look, albeit cautiously, at the achievements and although these may sound nebulous they are very far from being so:

1. a sense of urgency coupled with enthusiasm and a very real enthusiasm at that, has been engendered. Nearly everyone on the committee and sub-committees work in their own time;
2. a sharing and understanding of each other's problems has become noticeably obvious;
3. co-ordination of activities is enormous and the extent of this can be gauged by looking at the composition of some of the sub-committees:

for example: Psychiatric Social Work Sub-committee

Department of Indian Affairs.
Department of Coloured Affairs.
Department of Social Welfare and Pensions.
S.A.N.E.L. (South African National Epilepsy League)
Durban Child Welfare Society
Durban Indian Child Welfare Society
Child Welfare Society for Blacks
Life Line
Addington Hospital

King Edward VIII Hospital
 R. K. Khan Hospital
 S.A.N.C.A.D.D.

This Sub-committee at once saw that there was a gross duplication of services due to the lack of social work case registers for Coloureds, Indians and Blacks - patients from these groups were attending different bodies for the same purpose. A strong move, backed by the State Health Department is afoot to establish case registers similar to those kept by the Department of Social Welfare and Pensions (White) for use by professional staff of the Department of Indian and Coloured Affairs and by the Bantu Boards.

Other areas, in priority or even deficiency emerged i.e. lack of sheltered employment; lack of information on existing resources, the need to recruit and train volunteers to fill the gap caused by the lack of social workers and so I could carry on.

Community Nursing Services sub-committee

This Sub-committee, a credit to the indefatigability of the nursing profession, covered all areas of psychiatric nursing services, and very quickly established:-

- (i) the existing nursing resources for community psychiatry in all three tiers of government.
 The case loads, for example Addington Hospital have accounted for 6 new cases daily, with as many as 800 visits per month by the District Nursing Services to Whites and 450 to Coloureds -
 Staff available : 6 White and 1 Coloured Nurse for this purpose;
- (ii) the need for a standardised communications and referral system with the final aim of a common record system.
 (Specimen psychiatric referral forms
 (Specimen feedback following psychiatric referral
 (Specimen psychiatric feed back forms
 were designed, together with guidelines for their usage.

They are in the hands of the State Health Department awaiting approval. Their total acceptance has been by the entire Co-ordinating Committee, so has the acceptance of a variety of disciplines and organisations;

- (iii) lines of communication have been clearly demarcated;

- (iv) a complete syllabus for a two-week in-service training for community health nurses has been drawn up and this covers every conceivable practical aspect - from patient counselling by nurses, psychologists and social workers through group therapy sessions to psychiatric first aid to progress assessment;
- (v) the involvement of industrial nurses and school medical services was not ignored.

At the risk of pressing the point too hard let me say that: the Clinical Sub-committee has drawn up a blueprint for a comprehensive metropolitan psychiatric service based on population and estimated psychiatric morbidity and this blueprint ranged from inpatient services, adolescent units, detoxification centres to halfway houses.

Urgent needs were established, one such example being a community in Durban of 250 000 cared for by only 8 psychiatric sessions per month with 4 Medical Officer sessions, giving a case load of 2 600 or 50 patients per hour. This problem was largely met by providing facilities in two other municipal clinics and a re-allocation and distribution of professional staff (State Health)

The Child Psychiatric Services Sub-committee headed by the Professor of Education at the University of Durban-Westville and embracing 17 other persons ranging from clinical psychologists to a paediatrician, have clearly identified their roles and limits and are now setting about co-ordination, exploring possible training facilities with minimal manpower and demonstrating the deficiencies in these services.

Well, each sub-committee has covered enormous ground and to take each in turn would indeed take far longer than time permits. Suffice it to say, and this in itself is no mean achievement: each sub-committee has worked singularly hard and so often, in seeking their first, second or third priorities, and have actually solved problems of long standing without ever coming to the main Co-ordinating Committee at all. What is more, the working together and the informal discussions by the sub-committee chairmen have led to a smooth, integrated, multidisciplinary team working for the community.

This Co-ordinating Committee can be chaired by any member but the role of the local authority on the sub-committees must indeed be clear.

Community Involvement

Here indeed the Local Authority Health Department is clearly at its strongest. In Durban, over the last nine months some 14 Neighbourhood Groups have been formed by the Health Visitors, from all areas of the

City and made up of mothers, the wives of men of every occupation. On 15 and 16 of this month a symposium and panel was arranged by these very groups. Wives brought their husbands to the last day's session. A panel made up to answer questions commonly posed by these very mothers and in fact drawn up by them, were put to the panel of experts - the composition of this panel, which sat to an audience of 300 for over two and a half hours will illustrate the public interest and demand for mental wellbeing:-

- a nursery school teacher;
- a clinical psychologist;
- an educational psychologist;
- a head master;
- a public health medical specialist.

The role of the local authority in regard to health legislation then, perhaps we will all agree, is indeed vast and ever expanding.

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CRM/mc/ems

23 March 1979

APPENDIX "F"

CRM/mc/ems

16 August 1979

DURBAN PSYCHIATRIC CO-ORDINATING COMMITTEE
A REVIEW AFTER ONE YEAR
Colin R. Mackenzie

INTRODUCTION:

This Committee was formed anew at a symposium held at King George V Hospital on 3 July 1978. The following members were elected to the Committee, which then also had the right to co-opt additional members if so required:-

A. From State Health

- | | |
|------------------------------|---|
| 1. Professor R.W.S. Cheetham | Chief Psychiatrist Natal and Head of Department of Psychiatry, University of Natal. |
| 2. Dr. Bruce Buchan | Acting Regional Director, Department of Health, Durban. |
| succeeded by:- | |
| Dr. J.W.J. van Rensburg | Regional Director, Department of Health, Durban. |
| 3. Dr. D.J. Swart | Senior Medical Superintendent, King George V Hospital, Durban. |
| 4. Dr. A. Lasich | Senior Psychiatrist, King George V Hospital, Durban, and private Psychiatrist. |
| 5. Mrs. L.M. Cremer | Chief Matron, King George V Hospital, Durban. |
| 6. Mrs. D. A. Wilson | Chief Nursing Officer, Regional Office, Department of Health, Durban. |

B. From Natal Provincial Administration

- | | | |
|-----|-------------------------|---|
| 7. | Dr. A. Levin | Principal Psychiatrist,
Addington Hospital, Durban. |
| 8. | Dr. H. R. J. Wannenburg | Senior Medical Superintendent,
King Edward VIII Hospital,
Durban. |
| | succeeded by:- | |
| | Dr. Priscilla Truter | Senior Medical Superintendent,
King Edward VIII Hospital,
Durban. |
| 9. | Dr. L. F. Delany | Medical Superintendent,
R. K. Khan Hospital, Durban. |
| 10. | Dr. A. Valjee | Psychiatric Registrar,
King Edward VIII Hospital,
Durban. |
| 11. | Dr. T.J. Vorster | Senior Medical Superintendent,
Addington Hospital, Durban. |
| | succeeded by:- | |
| | Dr. M. Barlow | Senior Medical Superintendent,
Addington Hospital, Durban. |

C. From Local Authority

- | | | |
|-----|---------------------|---|
| 12. | Dr. C. R. Mackenzie | City Medical Officer of Health
Durban. |
| 13. | Miss P.M. Burton | Chief Nursing Officer,
City Health Department,
Durban |

D. Social Workers/Social Work Agencies

- | | | |
|-----|------------------|---|
| 14. | Dr. T. Jonker | Director, Durban Mental Health
Society. |
| 15. | Mr. Q. Strydom | Regional Representative,
Department of Social Welfare
and Pensions, Durban. |
| 16. | Mrs. M. Simpkins | Social Worker, King George V
Hospital, Durban |

The first meeting of the Committee was held on 18 July 1978 when Dr. C. R. Mackenzie was elected Chairman.

At this same meeting the following sub-committees were established and their respective chairmen nominated, with Professor A. L. Behr, Department of Education, University of Durban-Westville, being co-opted.

Sub-committees and their respective Chairmen:

- (a) Community Psychiatric Social Work Co-ordinating Sub-committee:
Chairman: Dr. Jonker
- (b) Community Nursing Service Co-ordinating Sub-committee:
Chairman: Miss Burton
- (c) Educational Sub-committee:
Chairman: Professor Cheetham
- (d) Child Psychiatric Services Sub-committee:
Chairman: Professor Behr
- (e) Psychiatric-Geriatric Sub-committee:
Chairman: Dr. Barlow
- (f) Clinical Sub-committee:
Chairman: Dr. Levin

The purposes of the Committee, based on the underlying philosophy of the Health Act of 1977, were set out as:-

- (i) to exchange information about psychiatric services;
- (ii) explore and prevent duplication of services;
- (iii) improve the utilization of existing facilities and manpower through greater co-operation; and
- (iv) investigation possible proposals to improve or upgrade services.

The Chairman was authorised to forward recommendations to the appropriate authority and to send minutes of the meetings of the Committee to the Secretary for Health. It was also agreed that Dr. Levin should make use of the minutes at the meetings of the Psychiatric Sub-committee appointed by the Health Matters Advisory Sub-committee.

Formation of Sub-committees

Each sub-committee chairman was set the task of forming a sub-committee of such persons in their respective disciplines as they wished and no restrictions were placed on the member. Each sub-committee would keep its own minutes and only pass to the main Committee recommendations with motivations.

Object: The object of each sub-committee would be to decide on the first priority in its field and report back to the main Committee the possible solutions.

The aims and activities of all sub-committees would be directed to matters irrespective of colour, religion, politics and so on.

Meetings:

The Committee held five meetings in 1978 with a break from December 1978 to March 1979 when it was decided that meetings would be held every two months. Thus three meetings have been held this year (March, May July).

ACHIEVEMENTS

In reporting on the achievements of the Committee since its formation, I believe that it must be made very clear that these achievements represent both the individual and collective actions of the members of the Committee, and it is often not possible, nor for that matter desirable to separate the two. Attendances were excellent and as chairman I could not have wished for a more helpful or enthusiastic committee.

1. The exchange of information about existing psychiatric services has proved an exciting exercise for all members. Bearing in mind that the six sub-committees are made up of over 40 different persons from a very wide variety of disciplines, it is not surprising that co-operation and co-ordination has occurred. In fact the coming together to consider mutual problems in depth has brought a new knowledge not only of each other, but each other's problems

It is not my intention to single out particular sub-committees for their sterling duties and tasks accomplished or under way, but rather to recount some landmarks, offering an apology for those not recorded and for those that particular persons achieved in the name of the Committee.

2. An exploration of the population of the Durban Metropolitan Area which extends from Tongaat in the north to Lower Illovo in the south and inland to Hillcrest was made and found to comprise 366 997 Whites
 57 473 Coloureds,
 900 000 Blacks and
 439 460 Indians giving a grand total of 1 733 930 persons
 (including all Blacks)
3. From this information it was recommended that a comprehensive metropolitan service be established and a brief blue-print outlined. A request was made of the Health Department as to whether this should be pursued? (12/2/79).

Advice was received that an acute unit for Indians is planned at King George V Hospital, as well as one for approximately 200 Blacks at Umlazi and that one for Coloureds is being planned.

A blue-print setting out a 3-phased development for Non-Whites in the immediate area and covering the period up to May 1981 was submitted. This covered all professional staff requirements.

It is understood that at least 300 beds will be available at King George V Hospital by 1984, sufficient for a teaching hospital. Paediatric, adolescent and middle aged as well as geriatric Indian cases would then be catered for. The potential of R.K. Khan Hospital and King Edward VIII Hospital in regard to psychiatric accommodation was still being explored, although it is accepted that the former will be limited and that an acute unit is essential at R.K. Khan Hospital. The need for acute psychiatric beds at the proposed provincial hospital at Phoenix was also mooted.

4. Much work was carried out investigating the existing nursing resources for community psychiatric care, staff and case loads being studied. Case loads were found to be enormous both at clinics (up to 50 per hour) and in the field (equally large numbers). To balance the work load, an additional municipal clinic was made available at Chatsworth to the State Health team so that now two such clinics operate in Chatsworth (Indian) and one at Wentworth (Coloured). These, the clinic at Montanne House and those at King George V Hospital had by far the highest attendances, although areas like Umlazi and Umzinto were not overlooked. However, the situation overall is that staff are not available to look after persons awaiting admission, emergency cases, and discharges from hospital. Patient after care and rehabilitation are therefore still in a primal state.

5. Short Training for Community Health Nurses

The need for in-service training of nurses engaged in psychiatric work but not so trained had become very apparent and to this end a theoretical syllabus was drawn up and submitted to the appropriate committee. In the meanwhile Durban City Health Department staff, who had been fortunate enough to have had theoretical training, completed an intensive 2 week practical training course at King George V Hospital which was most enthusiastically received by the staff, who now feel much more confident. These are to be followed by staff from another nearby local authority.

6. Referrals

The problem of referrals to and from hospital to field staff was probed in depth and referral forms designed; these were sent to the Department of Health, Pretoria, for evaluation. In the meantime a pilot scheme was put into operation and will undoubtedly be extended if successful and any essential modifications will be made. This scheme has already resulted in follow-up of discharged cases from Addington Hospital, and follow-ups of community clinic and King George V Hospital patients.

The functions of a community nurse (or health visitor) and a psychiatric nurse have to a large extent been defined to meet the needs of the moment in the Durban area. That is to say the Community Nurse will carry out discharge follow up and after care; trace clinic defaulters; and deal with early recognition of problems in the community. Rehabilitation will only be by referral.

7. Guidelines

Detailed guidelines for domiciliary visiting were drawn up and put into effect immediately and copies sent to the Department of Health in Pretoria at their request.

8. Director of Hospital Services

The interest of the Director of Hospital Services for Natal has been invoked in this Committee's activities and all look forward to the contribution he can make.

9. Detoxification Units

Some time ago an alcohol/drug detoxification unit in Pietermaritzburg was closed down, causing many difficulties in Durban. Two wards have now been set aside at Grey's Hospital for this purpose and will be opened as soon as staff becomes available.

10. Duplication of Certain Services

It was early established that there was duplication of services by welfare bodies as different agencies dealt with the same patient. However, in the case of Whites there was a case register for those receiving welfare services and benefits and this was available for scrutiny. A suggestion was made that a similar register be introduced for the other community groups and the matter had now been pursued by the Department of Health, Pretoria. So far the only response has been an acknowledgement from the Department of Coloured Affairs.

11. Community Workshops, Day Centres and Hostels

The need for workshops and day centres for psychiatrically handicapped persons was investigated in depth. An urgent need for accommodation for 100 handicapped Whites and the same number of Indians was quickly apparent. A successful approach for a subsidy was made by the Department of Welfare and Pensions by the Durban Mental Health Society in respect of these persons and a protected workshop for 50 whites was opened early in the year. Expansion to 75 is anticipated. A boarding establishment for 12 handicapped men was opened in April 1979 and accommodation for another 10 is being explored. A further application for a workshop for 100 whites has been submitted to the Department of Social Welfare and Pensions and a favourable response is awaited.

The Department of Indian Affairs are considering a subsidy for a similar workshop of 100 for that group and a favourable response is expected as the priority has been recognised. Accommodation for 25 handicapped Indian persons in Phoenix is being investigated and further 20 beds at least may become available at Chatsworth.

In conjunction with the Cheshire Homes, property, plans and a loan have been obtained for 50 severely handicapped Coloured

adults and children and the facilities should be available by next April. A 30-bedded hostel for handicapped Coloured women is being handled in conjunction with the National Council for Coloured Women and should eventuate in the foreseeable future.

In so far as the African community is concerned, Occupational Therapy Clubs have been opened in Umlazi and Kwa Mashu. Training facilities for 60 retarded African children are being planned con-jointly with the Administration Board and are expected to come to fruition next year. A training centre for 30 persons is planned for Umlazi and with the help of the Lutheran Church, the facilities could end up catering for 60 more.

12. Hospital Social Workers

Particular note was taken of the fact that two hospitals have had their staff establishment of social workers increased and that the Superintendents concerned (on the Committee obviously) recognised that these persons had a big role to play in psychiatry although there was a heavy demand from other spheres on their services.

13. Psychiatric Patients in Hospitals

An important breakthrough was the recognition in one hospital, where the practicalities of the situation permitted it, of accommodating acute psychiatric patients in several wards for psychiatric care instead of having the patients scattered throughout the various hospital wards. The acceptance that acute psychiatric patients must be regarded in hospitals in the same way as medical, surgical or gynaecological cases, although an obvious concept, was adopted by the Committee.

A psycho-geriatric assessment unit was set up in one hospital early in 1979 but considerable difficulty was encountered, due mainly to the incorrect type of patients being referred - this despite a reasonable degree of dissemination of the information to the professions concerned. None the less, the service will remain as properly utilised it will have a definite part in the hospital service.

14. Medical Ongoing Education

A continuing education programme for general practitioners in

the field of psychiatry was finalised and would be offered once the knowledge plus excitement and expense of the Medical Congress had passed. A proposal that Provincial Hospitals encourage general practitioners to take on psychiatric sessions was mooted but not yet formally introduced.

15. Child Psychiatry

In the field of child psychiatry the problems encountered seemed indeed not only forbidding but also insurmountable. However, with the understanding and co-operation of the educational psychologists, child psychologists, psychiatrists and school nurses it was felt that a breakthrough could well be made, to the advantage of the patients. In this particular field it is obvious that continued exchange of ideas and understanding of the individual roles that each group has to play is of vital importance. The primary assessment or screening of children by school nurses in the course of their duties emerged as essential due to the lack of educational psychologists, although it was accepted that this was not the ideal but did meet a real need and would probably do so for a long time to come.

GENERAL

From the foregoing it must be apparent that many matters of apparently lesser degree but none the less important, were investigated and discussed and I would cite a few as examples:-

- : the possible seconding of clinical psychologists subsidised by the Department of Social Welfare and Pensions, to welfare agencies;
- ; transportation facilities and escorts between institutions in Durban and Pietermaritzburg;
- : the not inconsiderable help and assistance given by service bodies;
- : that the regular psychiatric meetings of the Durban City Health Department be open, in so far as space will allow, to community nurses in the metropolitan area;
- : the increasing involvement of the clinical psychologists in training as well as in the community, as distinct from hospitals;
- : the establishment of Half Way Houses by the Durban Mental Health Society;

- : the introduction of community nurses to social workers' interviews as part of their in-service training and the bringing together of the two disciplines;
- : the ever-increasing need for social workers at clinics;
- : the use of health educators in ensuring the proper use of psychiatric outpatient clinics.

CONCLUSION

Fellow Members of the Committee, I have tried hard to do justice to your enthusiasm, drive and initiative in "getting things off the ground". That I have left out many of your efforts is my, not your shortcoming and I trust that you will forgive me.

Ladies and gentlemen, it has been a privilege indeed for me to present to you this synopsis of the work done by others, to report that much is left to be put into action and that an almost endless stream of problems and ideas about their solution lie ahead.

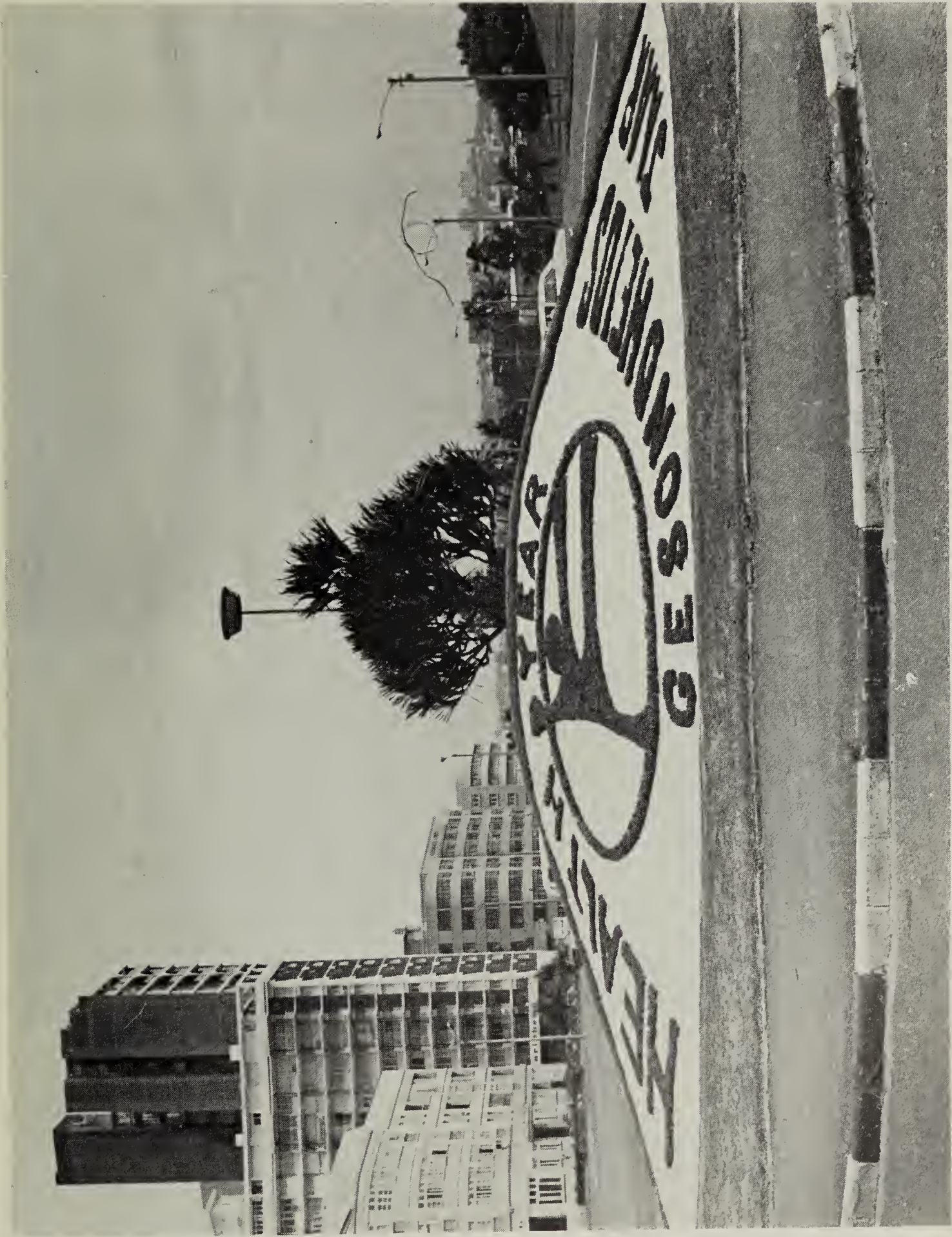
The link between psychiatry in the hospital and in the community has been forged in this area and now it needs tempering by defining the bounds of community psychiatry before it is honed into a finely balanced instrument designed to bring much needed relief to the psychiatrically suffering.

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CRM/mc/ems

14 August 1979

City Health Department,
9 Old Fort Place,
Durban.



FRONTICE PIECE — floral display by Parks, Recreation and Beaches Department.



Family Fun Run with a prize for everyone — 26 August 1979.



Prizegiving — end of Family Fun Run.



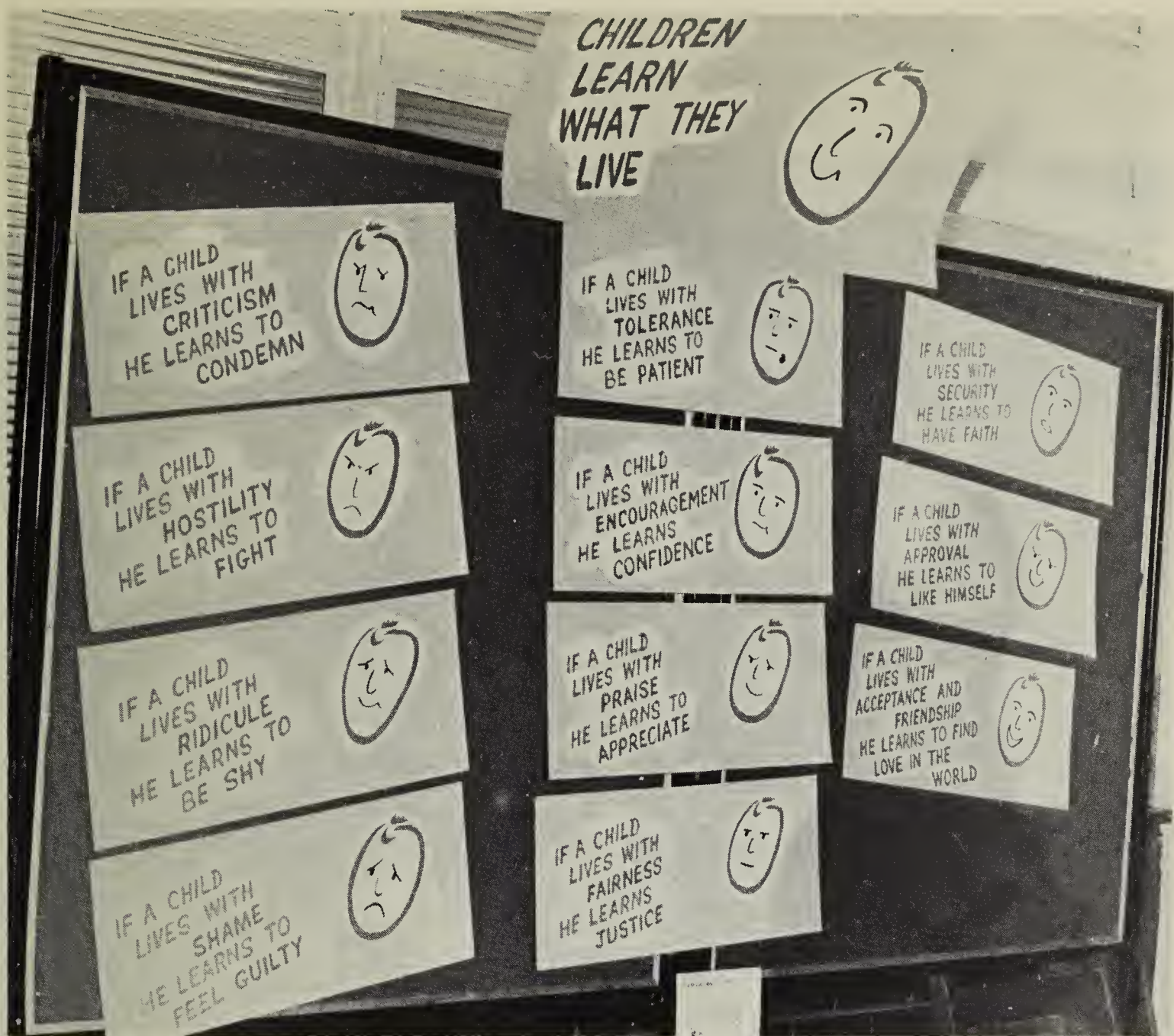
Open day at Montclair Clinic.



Indian dancing at Clairwood Clinic open day.



Neighbourhood group in Auditorium.



Display by City Health Department at Newlands Clinic Open Day.

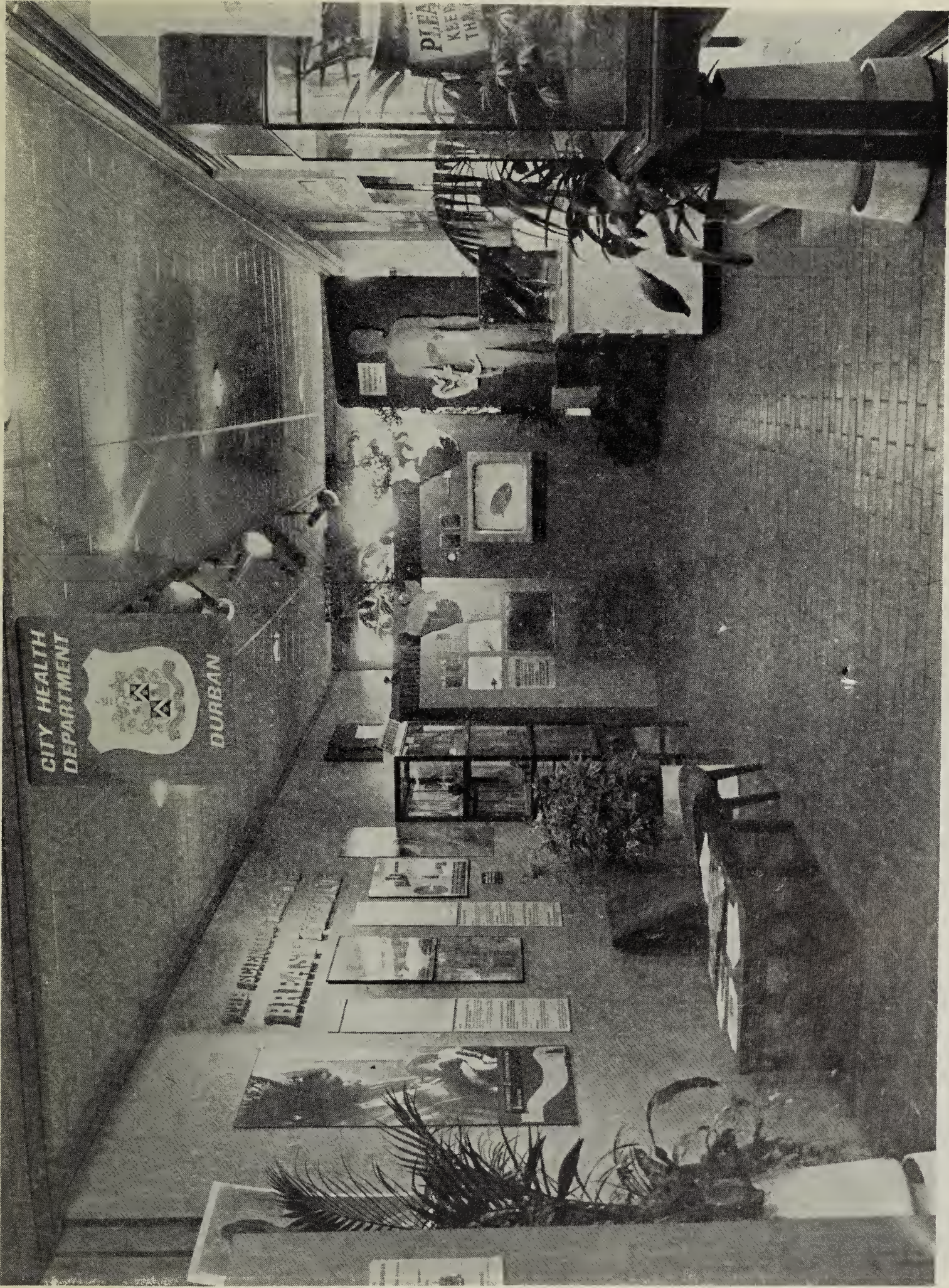


Part of City Health Department exhibit at 52nd Congress of the Medical Association of South Africa.

FEEDING BOTTLES THROUGH THE AGES



Part of City Health Department exhibit at 52nd Congress of the Medical Association of South Africa.



52nd Congress of the Medical Association of South Africa held at the University of Natal from 15 – 21 July 1979.



Part of City Health Department exhibit at 52nd Congress of the Medical Association of South Africa.

